ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

(This return should preferably be made by the person who made the original) **SUPPLEMENTARY REPORT OF BIRTH** County Registrar's No.* 138

Place of Birth (Registration District) MIAMI ARIZONA County ..... No. 1126 LIVE OAK St.

SEX OF CHILD*	Twin Triplet or other?	and	Number in order of birth
MALE			

DATE OF BIRTH* AUG. (Month) 8 (Day) 1927 (Year)

FULL NAME — FATHER: BLAS SAENZ

FULL* MAIDEN NAME — MOTHER: CLEOTILDE DELGADO

I HEREBY CERTIFY that the child described herein has been named

GILBERTO SAENZ
(Give name in full) (Surname)

Cleotilde Delgado Saenz
(Parent's Signature)

(Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.

10M 10-1-43—S.P.Co.

729-808-346

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