ARIZONA STATE BOARD OF HEALTH Vol. 9-27 # 146

BUREAU OF VITAL STATISTICS

s return should preferably be made
e person who made the original).

SUPPLEMENTARY REPORT OF BIRTH

Local Registrar's No.*

of Birth ~~Miami~~ Globe County Gila No. St.
tration District)

| CHILD* | Twin Triplet or other? | and | Number* in order of birth |
|---|---|---|---|
| Female | | | |

OF BIRTH* September 16th 1927
(Month) (Day) (Year)

FATHER
E Antonio Bustamante

MOTHER
EN Refugio Backom

I HEREBY CERTIFY that the child described herein has been named

Mary Bustamante
(Given name in full) (Surname)

Antonio Bustamante
(Father's or Mother's Signature)

Refugio Backom
(Signature of Physician ~~or Midwife~~)

Supplementary report must be returned within 15 days

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.
Local registrars must mail supplemental reports immediately to state registrar.

PLEASE WRITE PLAIN AND IN INK.

Corrections.

5-16-29

425-916-924