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.* 150

Place of Birth Miami Ariz. County Gila No. Depot Hill St.
(Registration District)

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

DATE OF BIRTH* Sept (Month) 27 (Day) 1927 (Year)

FULL NAME FATHER Pascual Zuniga

FULL* MAIDEN NAME MOTHER Elisa Madrick

I HEREBY CERTIFY that the child described herein has been named

Francisco Zuniga
(Give name in full) (Surname)

Elisa Madrick
(Parent's Signature)

Don't remember
(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.

692-917-544

MARGIN FOR USE