

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. 119

Place of Birth Miami Arizona County Gila No. _____ St. _____
(Registration District)

SEX OF CHILD*	Twin Triplet or other?	and	Number in order of birth
<u>male</u>			

I HEREBY CERTIFY that the child described herein has been named

DATE OF BIRTH* Oct - 8 - 1927
(Month) (Day) (Year)

Jose Vasquez Robledo
(Give name in full) (Surname)

FULL* NAME Ysidro S. Robledo
FATHER

Ysidro S. Robledo
(Parent's Signature)

FULL* MAIDEN NAME Margarita Vasquez
MOTHER ~~Robledo~~

(Signature of Physician or Midwife)
196-1008-459

*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.

Witness - Epigmenia Candoval

MARGIN RESERVED FOR BINDING
USE PERMANENT INK