

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

(This return should preferably be made by the person who made the original)

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No. * 173

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

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

DATE OF BIRTH* October 29 1927
(Month) (Day) (Year)

FATHER
 FULL NAME Donasiano Rodriguez

MOTHER
 FULL MAIDEN NAME Braulia Monarrez

I HEREBY CERTIFY that the child described herein has been named

David ~~Hurtado~~ Rodriguez
(Give name in full) (Surname)

Braulia Hurtado
(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.

5M 5/20/41

499-1029-249