MARGIN RESERVED FOR BINDING
USE PERMANENT INK

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

State File No. 182a

Place of Birth* Miami (City) Gila (County)

Local Registrar's No.*

SEX OF CHILD*	DATE OF BIRTH*
Male	Oct. (Month) 30, (Day) 1927 (Year)

FULL* NAME — FATHER: Jesus Retamoza

FULL* MAIDEN NAME — MOTHER: Consuela Delago

I HEREBY CERTIFY that the child described herein has been named

JOSE (First) DELGADO (Middle) Retamoza (Last)

Consuela D. Vda. de Retamoza
(Parent's Signature)

Date Junio (Month) 19 (Day) 1952. (Year)

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

VS 40 Rev. 4-51