RESERVED FOR BINDING

This supplemental report is to be pasted beneath the original.

# ARIZONA STATE BOARD OF HEALTH Vol. 12-27 #127

**BUREAU OF VITAL STATISTICS**

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

## SUPPLEMENTARY REPORT OF BIRTH

Local Registrar's No.*.....

Place of Birth (Registration District) Miami County Gila No. 1018 Mars Ave. St.

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

DATE OF BIRTH* December (Month) 19 (Day) 1927 (Year)

FULL* NAME — FATHER: Celzo Castillo

FULL* MAIDEN NAME — MOTHER: Josephina Olguin

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

I HEREBY CERTIFY that the child described herein has been named

Esther Castillo
(Given name in full) (Surname)

Celso Castillo
(Father's or Mother's Signature)

Cyril M. Bron M.D.
(Signature of Physician or Midwife)

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.**

Supplementary report must be returned within 15 days