

ARIZONA STATE DEPARTMENT OF HEALTH

A DIVISION OF THE DEPARTMENT OF HEALTH
 OFFICE OF VITAL STATISTICS

REPORT TO BE MADE BY

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. *360*

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

OF CHILD*	Twin Triplet or other?	and	Number in order of birth
<i>M</i>			

I HEREBY CERTIFY that the child described herein
 has been named

DATE OF BIRTH* *January 26 1930*
 (Month) (Day) (Year)

Jesús Gutiérrez
 (Give name in full) (Surname)

FATHER
Jesús Gutiérrez

Jesús Gutiérrez
 (Parent's Signature)

MOTHER
Rafaela Jiménez de Gutiérrez

(Signature of Physician or Midwife)

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

Supplemental reports of birth may be obtained from the local registrar.
 43-S.P.Co.

179-126-949

