

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. 117

Place of Birth Dayton, Ariz County Gila No. _____ St. _____
 (Registration District)

SEX OF CHILD* <u>Male</u>	Twin Triplet or other? <u>other</u>	and <u>5th</u>	Number in order of birth
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I HEREBY CERTIFY that the child described herein has been named

DATE OF BIRTH* December 3 1930
 (Month) (Day) (Year)

Francisco Mazon
 (Give name in full) (Surname)

FULL* NAME FATHER
Joaquin Mazon

Mrs. Vicenta Mazon
 (Parent's Signature)

FULL* MAIDEN NAME MOTHER
Vicenta Bustamante

(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.
 10M 10-1-43—S.P.Co.

645-1203-525



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