

MARGIN RESERVED FOR BINDING  
USE PERMANENT INK

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

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

SUPPLEMENTARY REPORT OF BIRTH County Registrar's No.\*.....

Place of Birth MIAMI County GILA No. 812 Live Oak St.  
(Registration District)

I HEREBY CERTIFY that the child described  
herein has been named

SEX OF CHILD*	Twin Triplet or other?	and	Number in order of birth
Male			

DAVID PORTILLO

DATE OF BIRTH\* MAY 10 1931  
(Month) (Day) (Year)

(Give name in full) (Surname)

FATHER  
FULL NAME ROMULO BASURTO

Luz Bustamante  
LUZ BUSTAMANTE  
NELSON D BRAYTON (wife) M.D.

MOTHER  
FULL MAIDEN NAME LUZ BUSTAMANTE Portillo

\*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 11-41 A.P.

476-510-376