ARIZONA STATE DEPARTMENT OF HEALTH

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

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.* 121

Place of Birth Globe (Registration District) County Gila No. St.

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

DATE OF BIRTH* July (Month) 16 (Day) 1931 (Year)

FULL NAME — FATHER: Epitasio Castaneda

FULL* MAIDEN NAME — MOTHER: Francisca Gaona

I HEREBY CERTIFY that the child described herein has been named

Roberto Castaneda (Give name in full) (Surname)

Erlinda Briones (Parent's Signature)

sister

(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 11-41 A.P.

931-716-671

MARGIN U

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