# ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

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

149

County Registrar's No.*

Place of Birth Miami County Gila No. 712 Church Hill St.
(Registration District)

| SEX OF CHILD* | Twin Triplet or other? | and | Number in order of birth |
|---|---|---|---|
| Male | | | 6 |

DATE OF BIRTH* SEPTEMBER 23, 1931
(Month) (Day) (Year)

FULL NAME FATHER Arnulfo Gallegos

FULL* MAIDEN NAME MOTHER Hermelinda Canales

I HEREBY CERTIFY that the child described herein has been named

ROBERT CLETO GALLEGOS
(Give name in full) (Surname)

Hermelinda C. Gallegos
(Parent's Signature)

(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.

972-923-832

2-15-78 (IX) 9181