Hector Bojorquez 6161

MARGIN RESERVED FOR BINDING

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.* 111

Place of Birth Miami (Registration District) County Gila No. 716 Church Hill St.

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

DATE OF BIRTH* March (Month) 6 (Day) 1932 (Year)

FULL* NAME — FATHER: Adolpho Bojorquez

FULL* MAIDEN NAME — MOTHER: Ruperta Gastalon

I HEREBY CERTIFY that the child described herein has been named

Hector Gastalon Bojorquez
(Give name in full) (Surname)

Ruperta Gastalon
(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 12-46

829-306-975