MARGIN RESERVED FOR BINDING

25

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

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

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.* 31

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

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

DATE OF BIRTH* September (Month) 1 (Day) 1933 (Year)

FULL* NAME FATHER Ignacio Romero Age 36

FULL* MAIDEN NAME MOTHER Elvira Amado 25

I HEREBY CERTIFY that the child described herein has been named

Ramon Amado Romero

(Give name in full) (Surname)

Elvira Romero

(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.

SM 5-1-38

996-901-516