129

3 5M 8-16-35

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.* ____

Place of Birth (Registration District) Miami County Gila No. G.B. Miami St.

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

DATE OF BIRTH* Dec (Month) 28 (Day) 1933 (Year)

FULL* NAME FATHER Demetrio Gonzales

FULL* MAIDEN NAME MOTHER Refugio Orta

I HEREBY CERTIFY that the child described herein has been named

Innocencio Jesus Gonzales
(Given name in full) (Surname)

x Refugio Orta Gonzales
(Parent's Signature)

Nelson D Brayton
(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

Form X

972-1228-961

2538 7-22-96