

1111

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 Globe
(Registration District)

County Gila

No. St.

SEX OF CHILD* Male	Twin Triplet or other?	and	Number* in order of birth
DATE OF BIRTH* <u>June 8- 1889</u> (Month) (Day) (Year)			
FULL* NAME FATHER <u>Rosendo Otero</u>			
FULL* MAIDEN NAME MOTHER <u>Canaida Romero</u>			

I HEREBY CERTIFY that the child described herein has been named

Rosendo Otero

(Give name in full)

(Surname)

Rosendo 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.

Form X

977-608-397