

134

MARGIN RESERVED FOR BINDING  
USE PERMANENT INK

ARIZONA STATE DEPARTMENT OF HEALTH

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

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No. \* 111

Place of Birth Globe, Arizona County Gila No. 4412 St.

(Registration District)

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

DATE OF BIRTH\* October 8 1910  
(Month) (Day) (Year)

FATHER FULL NAME Antonio Carrizosa  
MOTHER FULL MAIDEN NAME Louisa Hidalgo

I HEREBY CERTIFY that the child described herein has been named

Arthur Hidalgo Parrizosa  
(Give name in full) (Surname)

(Parent's Signature)

Charles P. Atkinson M.D.  
(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 11-41 A.P.

131-1008-386