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MARGIN RESERVED FOR BINDING
USE PERMANENT INK

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.*

Place of Birth Globe County Gila No. _____ St. _____

(Registration District)
SEX OF CHILD* Male Twin or Triplet or other? { } and { } Number in order of birth

I HEREBY CERTIFY that the child described herein
has been named

DATE OF BIRTH* September 2 1912
(Month) (Day) (Year)

MANUEL GUERENA VASQUEZ
(Give name in full) (Surname)

FULL* NAME FATHER Juan Vasquez

Manuel Guerena Vasquez
(Parent's Signature)

FULL* MAIDEN NAME MOTHER Maria Guerena

Verified from Social Security Card

(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.

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459-902-471