1931

MARGIN RESERVED FOR BINDING
USE PERMANENT INK

(1950)

# ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

## SUPPLEMENTARY REPORT OF BIRTH

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

County Registrar's No.*.....

Place of Birth Miami, Ariz. (Registration District) County Gila No. ..... St.

| SEX OF CHILD* | Twin Triplet or other? | and | Number in order of birth |
|---|---|---|---|
| male | | | 1st |

DATE OF BIRTH* Oct. (Month) 18 (Day) 1912 (Year)

| | |
|---|---|
| FULL NAME | FATHER Ramon Casillas |
| FULL* MAIDEN NAME | MOTHER Teodora Casillas |

I HEREBY CERTIFY that the child described herein has been named

Ramon Gonzales Casillas
(Give name in full) (Surname)

Teodora G Casillas
(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.
10M 11-41 A.P.

✓ 932-1018-372