159

110

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 Miami Ariz County Gila No. Miami St.
(Registration District)

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

DATE OF BIRTH* January 2, 1914
(Month) (Day) (Year)

FULL NAME FATHER Guillermo Castillo

FULL MAIDEN NAME MOTHER Elena Benitez Castillo

I HEREBY CERTIFY that the child described herein has been named

Guillermo Castillo
(Give name in full) (Surname)

Elena Benitez Castillo
(Parent's Signature)

[signature] M.D.
(Signature of Physician or Midwife)

Dec 3 1939

*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.

5M 6-1-38

MARGIN RESERVED FOR BINDING

736-102-536