1188

PLACE

County of

District of

Town of
or
City of

FULL NAME

If child is no

Sex of Child M

Full Name M

Residence

Registrar within 5 days after birth.

130

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

(Return should preferably be made by person who made the original)

County Registrar's No.*

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

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

DATE OF BIRTH* March 25 1914 (Month) (Day) (Year)

FULL NAME FATHER Mariano Vargas

FULL MAIDEN NAME MOTHER Soledad Reyes

I HEREBY CERTIFY that the child described herein has been named

ALBERTO VARGAS
(Give name in full) (Surname)

Sophie Vargas
(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 10-1-42—S.P.Co.

152-325-372