

2347

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 St. Louis County Hila No. \_\_\_\_\_ St. \_\_\_\_\_

SEX OF CHILD* <u>Male</u>	Twin Triplet or other?	and	Number* in order of birth <u>1</u>
DATE OF BIRTH* <u>Aug</u> <u>4</u> , 19 <u>15</u>	(Month)	(Day)	(Year)
FULL NAME <u>Soledad Rizo</u>	FATHER		
FULL MAIDEN NAME <u>Juana Mosqueda</u>	MOTHER		

I HEREBY CERTIFY that the child described herein has been named

Manuel Domingo Rizo  
(Give name in full) (Surname)

Juana Mosqueda  
(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.

SM 6-1-38

496-804-141

MARGIN RESERVED FOR BINDING