679

MANENT RECORD
be made for each, and the number of

MARGIN RESERVED FOR BINDING

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

SEX OF CHILD*	Twin Triplet or other?	and	Number in order of birth
Female	✓		3

DATE OF BIRTH* October 19 1915 (Month) (Day) (Year)

FULL* NAME FATHER Ramon Gomez

FULL* MAIDEN NAME MOTHER Seferina Benitez

I HEREBY CERTIFY that the child described herein has been named

Guadalupe Gomez (Give name in full) (Surname)

Seferina B Gomez (Parent's Signature)

Lynn Brown M.D. (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.

5M 7/11/40

779-1019.229

N. B.—In case