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ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION 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** County **Gila** No. St.

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

I HEREBY CERTIFY that the child described herein has been named

DATE OF BIRTH* **October 22 1915** (Month) (Day) (Year)

HORTENSIA VERDUGO

(Give name in full) (Surname)

FULL* NAME **Jose Verdugo** FATHER

Mercedes Kovscitas (Parent's Signature)

FULL* MAIDEN NAME **Mercedes Villareal** MOTHER

(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 10-1-43-S.P.Co.

856-1022-453

USE PERMANENT INK