

1962

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

Return should preferably be made to the person who made the original

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No. *

Place of Birth MIAMI County ARIZONA No. _____ St. _____
(Registration District)

SEX OF CHILD* <u>Male</u>	Twin Triplet or other?	}	and	}	Number
					in order of birth
					<u>2nd</u>

I HEREBY CERTIFY that the child described herein has been named

DATE OF BIRTH* Dec. 30 1915
(Month) (Day) (Year)

Rodolpho Vega Acosta
(Give name in full) (Surname)

FATHER
Pedro Acosta

Josefa Vega Acosta
(Parent's Signature)

MOTHER
Josefa Vega

(Signature of Physician or Midwife)

Use items to be entered by the local registrar before giving out this form.

Additional supplemental reports of birth may be obtained from the local registrar.
I.A.P.

✓ 911-1230-151