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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

his return should preferably be made (the person who made the original)

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.*

Place of Birth Globe, Arizona County No. St.
(Registration District)

X OF CHILD* Male | Twin Triplet or other (1) | and | Number* in order of birth 1st

ATE OF BIRTH* February (Month) 10 (Day), 1916 (Year)

ILL* AME FATHER Manuel Sisto Gutierrez

ILL* AIDEN AME MOTHER Carmen Almeida Gutierrez

I HEREBY CERTIFY that the child described herein has been named

Guillermo Oscar Gutierrez
(Give name in full) (Surname)

Carmen A. Gutierrez
(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.

M 6-1-38

779-210-319