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ARIZONA STATE BOARD OF HEALTH
BUREAU 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 Globe, Arizona County Gila No. _____ St. _____

OF CHILD*	Twin Triplet or other?	{ and }	Number* in order of birth
<u>1</u>			<u>1</u>

I HEREBY CERTIFY that the child described herein has been named

DATE OF BIRTH* March 3, 1916
(Month) (Day) (Year)

Lawrence Mungerro
(Give name in full) (Surname)

FATHER Lawrence Mungerro
MOTHER Isabel Salazar

Mrs Isabel Mungerro
(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.

346 - 303 - 929