

# Damaged Document(s)

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 Globe County Gila No. \_\_\_\_\_ St. \_\_\_\_\_  
(Registration District)

SEX OF CHILD* <u>male</u>	Twin Triplet or other?	}	and	}	Number* in order of birth
DATE OF BIRTH* <u>Sept. 6, 1916</u>	(Month)				(Day) (Year)
FULL* NAME <u>Francisco Ochoa</u>	FATHER				
FULL* MAIDEN NAME <u>Elisa Rubio</u>	MOTHER				

I HEREBY CERTIFY that the child described herein has been named

Rudolph Ochoa  
(Give name in full) (Surname)

Eloisa Ochoa  
(Parent's Signature)

R. D. Kennedy

(Signature of Physician or Midwife)

\*These items to be filled in by the local registrar before giving out this form.  
Blank supplement

Reports of birth may be obtained from the local registrar.

SM 6-1-38

961-906-596