

1768

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 (Registration District)

Yuma Arizona

County *Yuma*

No. *Enclid*

180

St.

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

DATE OF BIRTH* *May* 30 1919 (Month) (Day) (Year)

FULL* NAME *Modesto* FATHER *Cruz*

FULL* MAIDEN NAME *Angelita* MOTHER *Gomez Cruz*

I HEREBY CERTIFY that the child described herein has been named

Fernando Gomez Cruz (Give name in full) (Surname)

Modesto Cruz (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.

5M 7/11/40

639 - 530 - 177