

225

106

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION 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. Prinz Canyon St.

SEX OF CHILD* <u>Male</u>	Twin Triplet or other?	{ and }	Number in order of birth
DATE OF BIRTH* <u>Aug.</u> <u>21</u> <u>1921</u>			
(Month) (Day) (Year)			
FULL NAME <u>Casimiro Guerra</u>		FATHER <u>Casimiro Guerra</u>	
FULL MAIDEN NAME <u>Casimira Aguilar</u>		MOTHER <u>Casimira Aguilar</u>	

I HEREBY CERTIFY that the child described herein has been named

Francisco Guerra
(Give name in full)
Casimira A. Guerra
(Parent's Signature)

(Signature of Physician or Midwife)

Dr. A. Krince

*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-8-42-Bower Co.

671-821-319