

ARIZONA STATE BOARD OF HEALTH

166

(This return should preferably be made by the person who made the original)

BUREAU OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No. _____

Place of Birth Yuma County Arizona No. _____ St. _____

SEX OF CHILD*	Twin Triplet or other?	and	Number in order of birth
<u>Male</u>			
DATE OF BIRTH*	<u>Aug 30 - 1921</u>		
	Month	Day	Year
FULL* NAME	FATHER	<u>Antonio Fritz</u>	
FULL* MAIDEN NAME	MOTHER	<u>Belen Orasco</u>	

I HEREBY CERTIFY that the child described herein has been named

Ramon Fritz
(Give name in full) (Surname)

Belen Fritz
(Parent's Signature)

B
(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.

SM 7/11/40

969-830-266