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ARIZONA STATE DEPARTMENT OF HEALTH

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

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.* 118

Place of Birth Miami County Gila No. _____ St. _____
(Registration District)

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

DATE OF BIRTH* Nov 5 1921
(Month) (Day) (Year)

FATHER FULL NAME Alejandro Gerardo

MOTHER FULL MAIDEN NAME Guadalupe Sanchez

I HEREBY CERTIFY that the child described herein has been named

Manuel Gerardo
(Give name in full) (Surname)

Nelson D. Grayson
(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.
10M11-41 A.P.

476-1105-729

MAN RESEAL HERE FOR BINDING
USE PERMANENT INK

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