826

PI

County of

District of

Town of
or
City of

FULL NAM
If child is

Sex of
Child M

...st be filed by the attending Physician

...ificate

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

...his return should preferably be made
... the person who made the original)

County Registrar's No.*

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

| ...X OF CHILD* | Twin Triplet or other? | and | Number in order of birth |
|---|---|---|---|
| Male | | | |

...TE OF BIRTH* December 8 1921
(Month) (Day) (Year)

...LL* ...ME FATHER Telésforo Galaz

...LL* ...IDEN ...ME MOTHER María Loera

I HEREBY CERTIFY that the child described herein has been named

ROBERTO GALAZ
(Give name in full) (Surname)

M. L. Galaz
(Parent's Signature)

Doctor C. Cron M.D.
(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.

...7/11/40

979-1208-431

...the num... or midw...

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