

246

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File

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62575

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. 172

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

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

I HEREBY CERTIFY that the child described herein has been named

DATE OF BIRTH* March 28 1922
(Month) (Day) (Year)

Cista Gallardo
(Give name in full) (Surname)

FULL NAME Delzo Gallardo
FATHER

Delzo Gallardo
(Parent's Signature)

FULL MAIDEN NAME Julita Gonzalez
MOTHER

(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.
10M 10-1-43-S.P.Co.

376-328-179