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ARIZONA STATE BOARD OF HEALTH

(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. \* *89*

Place of Birth *Globe* County *Gila* No. \_\_\_\_\_ St. \_\_\_\_\_

SEX OF CHILD\* Twin Triplet or other? } and } Number in order of birth

I HEREBY CERTIFY that the child described herein has been named

DATE OF BIRTH *April 2 - 1922* (Month) (Day) (Year)

*JULIA FRANCES GALVAN* (Give name in full) (Surname)

FULL NAME FATHER *Miguel Galvan*

*Germino Gamboa* (Parent's Signature)

FULL MAIDEN NAME MOTHER *Aurora Gamboa*

(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. 5M 5/20/41

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