

1646

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ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

87

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

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No. _____ St. _____

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

SEX OF CHILD* Male Twin or other? _____ and _____ Number* in order of birth 3rd

DATE OF BIRTH* May 1st, 1922
(Month) (Day) (Year)

FULL* NAME Ignacio Portillo
FATHER

FULL* MAIDEN NAME Guana Echeverste
MOTHER

I HEREBY CERTIFY that the child described herein has been named

Fernando Portillo
(Give name in full) (Surname)

Ignacio Portillo
(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.

676-501-155