127

93

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

(urn should preferably be made
erson who made the original.)

SUPPLEMENTARY REPORT OF BIRTH

Local Registrar's No.*

f Birth Miami County Gila No. 717 Live Oak St.
tion District)

CHILD*	Twin Triplet or other?	and	Number* in order of birth
ale			4

OF BIRTH* July 1 1922 192
(Month) (Day) Year)

FATHER
Marcelino Rodriguez

MOTHER
AIDEN AME Catalina Garcia

I HEREBY CERTIFY that the child described herein has been named

Rachel Galo Rodriguez
(Given name in full) (Surname)

Catalina Garcia Rodriguez
(Father's or Mother's Signature)

999-701-371
(Signature of Physician or Midwife)

These items to be entered by the local registrar before giving out this form.

plemental reports of birth may be obtained from the local registrar.
ars must mail supplemental reports immediately to state registrar.

PLEASE WRITE PLAIN AND IN INK.

* Subscribed this 10th day of Nov 1938.
[signature]
Notary Public El Paso Co Texas