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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. * 131

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

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

DATE OF BIRTH* July 20 1922
(Month) (Day) (Year)

FULL NAME Cruz Hurtado FATHER

FULL MAIDEN NAME Braulia Menendez MOTHER

I HEREBY CERTIFY that the child described herein has been named

Eliza Hurtado
(Give name in full) (Surname)

Braulia Hurtado
(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.
SM 5/20/41

586-720-249