ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

(his return should preferably be made
y the person who made the original)

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.* _____

Place of Birth Globe, Arizona County Globe No. Uclude, Cayon St.
(Registration District)

EX OF CHILD*	Twin Triplet or other?	and	Number* in order of birth
Girl			7

ATE OF BIRTH* November, 19, 1922
(Month) (Day) (Year)

ULL* AME	FATHER Ramon Gonzales
ULL* MAIDEN AME	MOTHER Petronila Arciniga

I HEREBY CERTIFY that the child described herein has been named

Mary Margarita Gonzales
(Give name in full) (Surname)

(mother) Mrs. Petronila A. Gonzales
(Parent's Signature)

(Father) Mr. Ramon Gonzales
(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 6-1-38

472-1119-711