

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. 191

Place of Birth Miami County Gila No. Turkey shot const

SEX OF CHILD* <u>Male</u>	Twin Triplet or other? <u>✓</u>	and	Number in order of birth <u>3</u>
------------------------------	---------------------------------------	-----	---

I HEREBY CERTIFY that the child described herein has been named Dr 323

DATE OF BIRTH* Jan - 13 - 1923
(Month) (Day) (Year)

Adolpho Romero
(Give name in full) (Surname)

FATHER
FULL NAME Bacillis Romero

Bacillis Romero
(Parent's Signature)

MOTHER
FULL MAIDEN NAME Esther Fernandez

Byril M. Brown
(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

196-113-569