ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

Vol. 5 # 121

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

SUPPLEMENTARY REPORT OF BIRTH County Registrar's No.*

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

SEX OF CHILD*	Twin Triplet or other?	and	Number* in order of birth
Male			

DATE OF BIRTH* May 4th (Month) (Day) 192 3 (Year)

FULL* NAME — FATHER: Juan Gonzales

FULL* MAIDEN NAME — MOTHER: Amelia Macias

I HEREBY CERTIFY that the child described herein has been named

Alfredo Gonzales
(Give name in full) (Surname)

Juan Gonzales
(Parent's signature)

Nelson D. Brazelton
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.
Local registrars must mail supplemental reports immediately to county registrar. County registrars must mail with original certificate on tenth day of following month.

1-2-24