4024

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

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

County Registrar's No.* 166

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

SEX OF CHILD* Male | Twin Triplet or other? } and } Number in order of birth 1

DATE OF BIRTH* July 25 1923 (Month) (Day) (Year)

FULL NAME FATHER Benjamin Rocha.

FULL* MAIDEN NAME MOTHER Maria Venegas.

I HEREBY CERTIFY that the child described herein has been named

Ezequiel Rocha (Give name in full) (Surname)

Benjamin Rocha (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.

5M 5/20/41

591-725-452