1867

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

(I return should preferably be made
the person who made the original)

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.* 164

ice of Birth Miami, Arizona County Gila No. 3011 Loomis Ave St.
(egistration District)

CHILD*	Twin Triplet or other? 1	and	Number in order of birth
le			

BIRTH* Nov. (Month) 15 (Day) 1923 (Year)

FATHER
ME Atanasio Gamboa

MOTHER
ILL* AIDEN AME Jesusita Rosales

I HEREBY CERTIFY that the child described herein has been named

Josefa (Give name in full) Gamboa (Surname)

Jesusita Rosales (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.

M. 10-1-48—S.P.Co.

171-1115-192