ARIZONA STATE DEPARTMENT OF HEALTH State File No 165

DIVISION OF VITAL STATISTICS

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

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.* 105

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

SEX OF CHILD*	Twin Triplet or other?	Number in order of birth
male	1 Child	

DATE OF BIRTH* January 23 1924 (Month) (Day) (Year)

FULL NAME FATHER Ysidro Santoyo

FULL* MAIDEN NAME MOTHER Cayetana Moreno

I HEREBY CERTIFY that the child described herein has been named middle name first name

Raymundo Alfred Santoyo (Give name in full) (Surname)

Alfred Raymundo

Ysidro Santoyo (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.

10M—6-42—Bower Co.

926-123-346