ARIZONA STATE DEPARTMENT OF HEALTH

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

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.*.....

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

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

DATE OF BIRTH* Jan. 23, 1924 (Month) (Day) (Year)

FULL NAME FATHER Blas Gerardo Sr.

FULL* MAIDEN NAME MOTHER Teresa Castro

I HEREBY CERTIFY that the child described herein has been named

Blas Gerardo Jr. (Give name in full) (Surname)

x Teresa Gerardo (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—8-42—Bower Co.

276 - 123 - 336