

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

County Registrar's No. *

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

SUPPLEMENTARY REPORT OF BIRTH

Place of Birth Miami County Gila No. Turkey Shoot Canyon
(Registration District)

SEX OF CHILD*	Twin Triplet or other?	and	Number in order of birth
<u>male</u>			

I HEREBY CERTIFY that the child described herein has been named

DATE OF BIRTH* Feb. 3 1924
(Month) (Day) (Year)

Arturo Belasquez
(Give name in full) (Surname)

FULL* NAME Ramon Belasquez
FATHER

Carmen Belasquez
(Parent's Signature)

FULL* MAIDEN NAME Carmen Padilla
MOTHER

Christiana Friday (decd)
(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.

SM 7/11/40

129-203-371