

1234

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

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

SUPPLEMENTARY REPORT OF BIRTH County Registrar's No. _____

Place of Birth Globe, County Gila No. River Canyon St. _____
(Registration District)

SEX OF CHILD* M. Twin Triplet or other? } and } Number* in order of birth

DATE OF BIRTH* 9 Feb 24 1924
(Month) (Day) (Year)

FATHER FULL NAME Richard Salas

MOTHER FULL MAIDEN NAME Patricia Torres

I HEREBY CERTIFY that the child described herein has been named

Richard Salas
(Give name in full) (Surname)

RECEIVED

H. H. Nord, M.D.
(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.

Local registrars must mail supplemental reports immediately to county registrar. County registrars must mail with original certificate on tenth day of following month.

Sent 4-7-24 R.G. Gov. Co. Reg. 922-224-732