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 Miami, Arizona (Registration District) County Gila No..... St.

SEX OF CHILD*	Twin Triplet or other?	and	Number in order of birth
Male			6

DATE OF BIRTH* May (Month) 3 (Day) 1924 (Year)

FULL NAME	FATHER Paul Johnson Salcido
FULL* MAIDEN NAME	MOTHER Otila Colmenero

I HEREBY CERTIFY that the child described herein has been named

Paul Theodore Salcido
(Give name in full) (Surname)

Mrs Otila Salcido
(Parent's Signature)

Maude G Simpson
(Signature of Physician or Midwife)

NOTARY PUBLIC IN AND FOR THE COUNTY OF LOS ANGELES, STATE OF CALIFORNIA

My Commission Expires February 4, 1944

*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.

5M 5/20/41

726-503-636