1434

Damaged Document(s)

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

(This return shou... eferably be made by the person wh... ...de the original.)

Local Registrar's No. 452

Place of Birth (Registration Dis...) Globe, Arizona County Gila No.

SEX OF CHILD* Male

...win ...riplet ...r other? and Number* in order of birth

DATE OF BIRTH* June (Month) 6 (Day) 1924 (Year)

FULL* NAME FATHER Manuel Magdalena

FULL* MAIDEN NAME MOTHER Maria Jesus Romo

I HEREBY CERTIFY that the child described herein h... been named

Louis Magdalena
(Given name in full) (Surname)

(Father's or Mother's Signature)

T. C. Harper
(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 state registrar.

PLEASE WRITE PLAIN AND IN INK

341-606-496