2061

Damaged Document(s)

MARGIN RESERVED FOR BINDING

This supplemental report is to be pasted beneath the original.

(This return should prefer... made by the person who made t... nal.)

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

Local Registrar's No.*.....

147

Place of Birth ..... i ..... County Gila No. ..... St.
(Registration District)

SEX OF CHILD* Female | Twin Triple or oth... | and | Number* in order of birth

DATE OF BIRTH* Sep... ar 15 1924
(Mont... (Day) Year)

FULL* NAME Raymundo ... ER ... sco

FULL* MAIDEN NAME Juana Ca... ER ... o

I HEREBY CERTIFY that the child described herein has been named

BETTY (Given name in full) VELASCO (Surname)

Raymundo C. Velasco (Father's or Mother's Signature)

(Signature of Physician or Midwife)

*These items to be ente... e local registrar before giving out this form.

Blank supplemental rep... th may be obtained from the local registrar.
Local registrars must m... nental reports immediately to state registrar.

PLEASE WRITE PLAIN AND IN INK.

256-915-136