MARGIN RESERVED FOR BINDING
USE PERMANENT INK

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

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

County Registrar's No.* 167

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

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

DATE OF BIRTH* February 21 1925 (Month) (Day) (Year)

FULL NAME FATHER Emilio Gallardo

FULL* MAIDEN NAME MOTHER Refugio Gomez G.

*These items to be entered by the local registrar before giving out this form.

I HEREBY CERTIFY that the child described herein has been named George G. Gallardo (Give name in full) (Surname)

Emilio Gallardo (Parent's Signature)

(Signature of Physician or Midwife)

Blank supplemental reports of birth may be obtained from the local registrar.

10M 11-41 A.P.

776-221-979