168

3 5M 8-16-35

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 County Gila No. ..... St.
(Registration District)

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

DATE OF BIRTH* July (Month) 9 (Day) 1925 (Year)

FULL* NAME — FATHER: Francisco Quintana

FULL* MAIDEN NAME — MOTHER: Francisca Rodriguez

*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.

Form X

I HEREBY CERTIFY that the child described herein has been named

Effrem (Give name in full) Quintana (Surname)

Francisca her Cabrera (Parent's Signature)

Witness to mark (Signature of Physician or Midwife)

Nelson S Brayton

Annie Cordova

581·709·699

MARGIN RESERVED FOR BINDING

This supplemental report is to be pasted beneath the original.