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ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION 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.

SEX OF CHILD	Twin Triplet or other?	{ and }	Number in order of birth
DATE OF BIRTH	<u>Aug</u>	<u>10</u>	<u>1925</u>
FULL NAME	FATHER <u>Brisque Guesada</u>		
FULL MAIDEN NAME	MOTHER <u>Susana Apodaca</u>		

I HEREBY CERTIFY that the child described herein has been named

Henry Lorenzo Guesada
(Give name in full) (Surname)

Susana Apodaca
(Parent's Signature)

(Signature of Physician or Midwife)

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

Blank supplemental reports of birth may be obtained from the local registrar.
10M-8-42-wor Co.

881-810-211

MARGIN RESERVED FOR BINDING
USE PERMANENT INK