

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS
 SUPPLEMENTARY REPORT OF BIRTH

PLACE OF BIRTH

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH County Registrar's No. **91**

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

Place of Birth **Miami** County **Gila** No. _____ St.

SEX OF CHILD* Male	Twin Triplet or other? } and } Number in order of birth
DATE OF BIRTH* Sept 5 1925	(Month) (Day) (Year)
FULL* NAME Savino Gonzalez	FATHER
FULL* MAIDEN NAME Maria Jauriqui	MOTHER

I HEREBY CERTIFY that the child described herein has been named

Jose Gonzalez

(Give name in full) (Surname)

+ *Maria Jauriqui*
 (Parent's Signature)

(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.

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 DIVISION OF VITAL STATISTICS
 PHOENIX, ARIZONA