

MARGIN RESERVED FOR BINDING  
USE PERMANENT INK

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.\* 114

Place of Birth MIAMI County GILA No. \_\_\_\_\_ St. \_\_\_\_\_  
(Registration District)

SEX OF CHILD* <u>Male</u>	Twin Triplet or other?	}	and	}	Number in order of birth
DATE OF BIRTH* <u>Sept 14-1925</u>	(Month)	(Day)	(Year)		
FULL NAME <u>Antonio Gonzalez</u>	FATHER				
FULL MAIDEN NAME <u>Esperanza Jimenez</u>	MOTHER				

I HEREBY CERTIFY that the child described herein has been named

ROGELIO GONZALES

(Give name in full)

(Surname)

Antonio Gonzalez  
(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.