

FORM 10-34-1

THIS IS A PERMANENT RECORD. IT SHOULD BE KEPT IN A SAFE PLACE.

MARGIN RESERVED FOR BINDING
USE PERMANENT INK

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

175

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

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.*

Place of Birth Miami County Gila No. 719 Live Oak St. St.
(Registration District)

SEX OF CHILD* Male and } Number in order of birth

I HEREBY CERTIFY that the child described herein has been named

DATE OF BIRTH November 18 1925
(Month) (Day) (Year)

JOSE ISRAEL QUEZADA
(Give name in full) (Surname)

FULL NAME FATHER Elio Quezada

Carmen Flores Espinoza
(Parent's Signature)

FULL MAIDEN NAME MOTHER CN FLORES

(Signature of Physician or Midwife)

*These items referred by the local registrar before giving out this form.

Blank supplementary reports of birth may be obtained from the local registrar.
10M-8-42-Bower

181-1118-362