

ARIZONA STATE BOARD OF HEALTH Vol. 1-26 # 157
 BUREAU OF VITAL STATISTICS

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

SUPPLEMENTARY REPORT OF BIRTH Local Registrar's No.*

Birth Globe County Gila No. 2nd District SL

Sex	Twin, Triplet, or other?	and	Number in order of birth
			<u>2nd</u>
DATE OF BIRTH	<u>January 14th</u>		
(Month)	(Day)	(Year)	<u>1926</u>
FATHER			
<u>Antonio Bustamante</u>			
MOTHER			
<u>Refugio Backon</u>			

I HEREBY CERTIFY that the child described herein has been named

Richard Bustamante

(Given name in full) (Surname)

Antonio Bustamante
 (Father's or Mother's Signature)

T.C. Harper
 (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.

Local registrars must mail supplemental reports immediately to state registrar. PLEASE WRITE PLAIN AND IN INK.

Corrections.

5-18-29 925-114-924

RECEIVED
 MAR 12 1926

COMMITTEE OF PLANNING PHYSICIAN OR MIDWIFE

Signature _____

DATE _____

LOCAL REGISTRAR'S SIGNATURE _____

DATE _____

RESERVED FOR BINDING

FILE NO. 100.01.1
 MAR 12 1926
 RECEIVED