

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
SUPPLEMENTARY REPORT OF BIRTH

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH Vol. 1-26 # 158
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. *

Place of Birth Globe County Gila No. _____ St. _____
(Municipality or Precinct)

CHILD * 1 Twin or other? and { Number * 1st
in order of birth

I HEREBY CERTIFY that the child described herein has
been named

DATE OF BIRTH * January 14th 192 6
(Month) (Day) (Year)

Charles Bustamante
(Given name in full)

(Surname)

FATHER
Antonio Bustamante

(Father's or Mother's Signature)

Antonio Bustamante

MOTHER
Refugio Backo

T.C. Harper
(Signature of Physician or Midwife)

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

Rank 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

5-10-29 325-114-924

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aged

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ARIZONA STATE BOARD OF HEALTH

published information on each child
published, and all in all, should be
modified. A. L. ...
not published, and in all cases
child was not to be published.

month ...
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