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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

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

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.*

Place of Birth Miami County Gila No 76 Grover Canyon St.
(Registration District)

SEX OF CHILD* Twin } and } Number
Triplet } in order
or other? } of birth
Male

I HEREBY CERTIFY that the child described herein has been named

DATE OF BIRTH* Jan. 14 1926
(Month) (Day) (Year)

Hilario Betancur
(Give name in full) (Surname)

FULL NAME FATHER
Hilario Betancur

Concepcion Sandoval x
(Parent's Signature)

FULL MAIDEN NAME MOTHER
Concepcion Sandoval

(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.

5X 5/20/41

✓

829-114-323

MARGIN RESERVED FOR BINDING
USE PERMANENT INK