

ARIZONA STATE BOARD OF HEALTH Vol. 5-26 # 145
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. St.

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

I HEREBY CERTIFY that the child described herein has been named

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

Frederico Orlando de Castro

(Give name in full) (Surname)

FULL* NAME FATHER **Hector de Castro Meinhardt**

Hector de Castro Meinhardt
(Parent's Signature) **in ink**

FULL* MAIDEN NAME MOTHER **Leonor Palmer**

J. J. Miller
(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 county registrar. County registrars must mail with original certificate on tenth day of following month.

Correction.

9-3-26 1046 -514-379 Return supplementary report immediately.

2545

RECEIVED
JUN 12 1926