

69-82-21 mg 6
1850-1-1
1850-1-1
1850-1-1

69

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

191

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

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No. 12

Place of Birth Hayden, County Gila No. _____
(Registration District)

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

DATE OF BIRTH* May 30 1926
(Month) (Day) (Year)

FATHER FULL* NAME Baltazar Verdugo
MOTHER FULL* MAIDEN NAME Angelita Acuna

I HEREBY CERTIFY that the child described herein has been named

Baltazar Acuna Verdugo
(Give name in full) (Surname)

Baltazar Verdugo
(Parent's signature)

Eufonia Romero
(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.

256-530-111

File
VED
20

MAR 1917