

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

182

3 5M 5-1-31

(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, Arizona County COAHUILA Gila No. _____ St. _____

(Registration District)

SEX OF CHILD*	Twin Triplet or other?	and	Number* in order of birth
<u>male</u>			

I HEREBY CERTIFY that the child described herein has been named

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

Fernando Gavino Anguiano
(Give name in full) (Surname)

FULL* NAME FATHER
Norberto Anguiano

Roberto Anguiano
(Parent's Signature) Father

FULL* MAIDEN NAME MOTHER
Maria Rebecca Sanchez

(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.

616-530-429

RECEIVED
JUN 10 1926

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