

**ARIZONA STATE BOARD OF HEALTH Vol. 7-26 # 178**  
**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. **159**

Place of Birth **Globe** County **Gila** No. \_\_\_\_\_ St. \_\_\_\_\_  
 (Registration District)

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

I HEREBY CERTIFY that the child described herein has been named

DATE OF BIRTH\* **July 30th** 192**6**  
 (Month) (Day) (Year)

**Roberto Bracamonte**  
 (Give name in full) (Surname)

FULL\* FATHER  
 NAME **Frank Bracamonte**

*Frank Bracamonte*  
 (Parent's Signature) In ink

FULL\* MOTHER  
 MAIDEN NAME **Gertrudes Vargas**

*H. H. Horst, M.D.*  
 (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.

Changing child's name **11-30-26**

Return supplementary report immediately.

**925-730-752**

**RECEIVED**  
**AUG 12 1926**  
 File