

133

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

Local Registrar's No.\* 58

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

Place of Birth Hayden 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 Sept 14 1926 1926 (Month) (Day) (Year)

FRANCISCO PLACENCIA (Given name in full) (Surname)

FATHER FULL NAME Refugio Placencia

Maria Lugo Placencia (Father's or Mother's Signature)

MOTHER FULL MAIDEN NAME Maria Lugo

(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 state registrar. PLEASE WRITE PLAIN AND INK.

691-914-436

MARGIN RESERVED FOR BINDING This supplemental report is to be pasted beneath the original.