

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

199

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

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No. 26

Place of Birth Miami Arizona County Pinal No. 26 St.

SEX OF CHILD* Female Twin
Triplet or other? no and } Number*
in order of birth

I HEREBY CERTIFY that the child described herein has
been named

DATE OF BIRTH* October 26, 1926
(Month) (Day) (Year)

Belia Gonzalez
(Give name in full) (Surname)

FULL NAME FATHER Jesus Gonzalez

Jesus Gonzalez
(Parent's Signature)

FULL MAIDEN NAME MOTHER Lucila Gonzalez

Dr. [Signature]
(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.

IM 6-1-38

232-1026672

RECEIVED
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