ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

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

SUPPLEMENTARY REPORT OF BIRTH

Local Registrar's No.*.....

Place of Birth Miami (Registration District) County Gila No. ..... St.

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

DATE OF BIRTH Feb. (Month) 3 (Day) 1928 ~~193~~ (Year)

FULL* NAME FATHER Angel Bustos

FULL* MAIDEN NAME MOTHER Hilaria Rodriguez

I HEREBY CERTIFY that the child described herein has been named

Elias (Give name in full) Bustos (Surname)

Hilaria R. Bustos (Parent's signature)

*These items to be entered by the local registrar before giving out this form.

..... (Signature of Physician or Midwife)

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 10th day of following month.