165

MARGIN RESERVED FOR BINDING
USE PERMANENT INK

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
SUPPLEMENTARY REPORT OF BIRTH

(This return shou ... rab be made by the person wh ... th original)

County Registrar's No.*.....

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

SEX OF CHILD*	T... Tr... or ... er?	and	Number in order of birth
Male			

DATE OF BIRTH* Feb. 16 1928
(Month) (Day) (Year)

FULL NAME Roman Garcia FATHER

FULL* MAIDEN NAME Paula Orosco MOTHER

I HEREBY CERTIFY that the child described herein has been named

Baltazar Garcia
(Give name in full) (Surname)

Paula M. Orozco
(Parent's 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.

10M—8-42—Bower Co.

271-216-766