132

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

urn should preferably be made
erson who made the original)

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.*

of Birth Miami Ariz County Gila No. 76 Grover Cayon St.

stration District)

CHILD*	Twin Triplet or other?	and	Number* in order of birth
[illegible]			

F BIRTH* April 14, 1928
(Month) (Day) (Year)

FATHER
Hilario Betancur

MOTHER
Consepcion Sandoval

I HEREBY CERTIFY that the child described herein has been named

Hilario Sandoval Betancur
(Give name in full) (Surname)

Consepcion Sandoval
(Parent's Signature)

(Signature of Physician or Midwife)

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

supplemental reports of birth may be obtained from the local registrar.