ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No. 26

return should preferably be made
person who made the original)

ce of Birth Globe County Gila No. 26 St.

gistration District)

F CHILD*	Twin Triplet or other?	and	Number* in order of birth
Male	✓		

OF BIRTH* July 28, 1928
(Month) (Day) (Year)

FATHER
Raul Gonzales

MOTHER
Delia Gonzales

I HEREBY CERTIFY that the child described herein has been named

Raul Gonzales
(Given name in full) (Surname)

Jesus Gonzales
(Parent's Signature)

Dr. Miller
(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.

M 6-1-38

932-728-672

AUG 11 1928