ARIZONA STATE BOARD OF HEALTH Vol. 9-28 # 148

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 Winkelman (Registration District) County Gila No. ..... St.

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

DATE OF BIRTH* September 16th 1928 (Month) (Day) (Year)

FULL* NAME — FATHER: Refugio Soqui

FULL* MAIDEN NAME — MOTHER: Amelia Valdez

Supplementary report must be returned within ..... days

I HEREBY CERTIFY that the child described herein has been named

Guadalupe Soqui (Given name in full) (Surname)

Mrs. Refugio Soqui (Father's or Mother's Signature)

Charles B. Hughes M.D. (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.
Local registrars must mail supplemental reports immediately to state registrar.

PLEASE WRITE PLAIN AND IN INK.

1-4-29

729-916-159