2054 O

MARGIN RESERVED FOR BINDING
USE PERMANENT INK

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

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

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.*

Place of Birth Miami, County Gila No. 3309 Turkey Shoots Ca
(Registration District)

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

DATE OF BIRTH* October 31st 1928
(Month) (Day) (Year)

FULL* NAME — FATHER: Margarito Atilano

FULL* MAIDEN NAME — MOTHER: Josephine Martin

I HEREBY CERTIFY that the child described herein has been named

Rogelio Atilano
(Give name in full) (Surname)

Mr. and Mrs. Margarito Atilano
(Parent's Signature)

Cyril M. Cron 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.

® 10M 1-45

RECEIVED
NOV 9 1928
Ans. File