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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 Hayden County Gila No..... St.

(Registration District)

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

DATE OF BIRTH* November 2 1928
(Month) (Day) (Year)

FULL
NAME

FATHER

Jose Romero

FULL
MAY
NAME

MOTHER

Carmen Sierras

I HEREBY CERTIFY that the child described herein
has been named

JOSE S. ROMERO

(Give name in full)

(Surname)

Carmen S. Romero
(Parent's Signature)

(Signature of Physician or Midwife)

*The 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.
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196-1102-322

MARGIN REFERRED FOR BINDING
PERMANENT INK