ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

StapleFile #127

Local Registrar's No.* 510

return should preferably be made
e person who made the original.)

e of Birth Miami County Gila No. St.
stration District)

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

OF BIRTH* November 3d 1928
(Month) (Day) Year)

FATHER
Juan Dominguez

MOTHER
Eulalia Ramirez

I HEREBY CERTIFY that the child described herein has been named

Daniel Dominguez
(Given name in full) (Surname)

Eulalia R. Dominguez (Mother)
(Father's or Mother's Signature)

(Signature of Physician or Midwife)

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

k supplemental reports of birth may be obtained from the local registrar.
l registrars must mail supplemental reports immediately to state registrar.

PLEASE WRITE PLAIN AND IN INK.

449-1103-599

This supplemental report is to be pasted

RECEIVED
DEC 10 1928
Ans. File