ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

preferably be made
made the original)

County Registrar's No.* 109

MIAMI ARIZ. County GILA No. SULLIVAN St.
strict)

Twin
Triplet
r other? } and } Number in order of birth 1st

Dec. (Month) 5 (Day) 1928 (Year)

FATHER
EL COSIO SR.

MOTHER
VIELO GUTIERREZ

I HEREBY CERTIFY that the child scribed herein has been named

Manuel Cosio JR.
(Give name in full) urname)

Manuel Cosio Sr.
(Parent's Signature)

(Signature of Physician or Midw)

DR. CRONE

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

tal reports of birth may be obtained from the local registrar.

436-1205-379

File

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