Registered No. [illegible]

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

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

County Registrar's No.* [illegible]

Place of Birth Globe, Ariz. County Gila No.

(Registration District)

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

DATE OF BIRTH* Dec. (Month) 27 (Day) 1928 (Year)

FULL NAME FATHER Juan Vasquez

FULL* MAIDEN NAME MOTHER Maria Querena

I HEREBY CERTIFY that the child described herein has been named

Robert (Give name in full) Vasquez (Surname)

Mrs. Mary Vasq (Parent's Signature)

(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—8-42—Bower Co.

959-1227-471

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1929

File

USE PERMANENT