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.* 195

Place of Birth (Registration District) Miami, Ariz County Gila No. 170 Dairy Canyon St.

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

DATE OF BIRTH* Dec (Month) 31 (Day) 1928 (Year)

FULL* NAME FATHER Miguel N. Gallegos

FULL* MAIDEN NAME MOTHER Magdalena Galvan

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

I HEREBY CERTIFY that the child described herein has been named

Miguel G. Gallegos Jr.
(Give name in full) (Surname)

Magdalena Galvan Gallegos
(Parent's Signature)

(Signature of Physician or Midwife)

Blank supplemental reports of birth may be obtained from the local registrar.

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