

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.\*

Place of Birth Hayden, Ariz. County Gila No. San Pedro St.  
(Registration District)

SEX OF CHILD*	Twin Triplet or other? <u>single</u>	and	Number in order of birth
<u>male</u>			

DATE OF BIRTH\* January 3 1929  
(Month) (Day) (Year)

FATHER  
FULL NAME Cirio Jauregui Garcia

MOTHER  
FULL MAIDEN NAME Victoriana Garcia Mercado

I HEREBY CERTIFY that the child described herein  
has been named

Daniel Mercado Garcia  
(Give name in full) (Surname)

Francisco M. Rubalcava  
(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.

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