95

217A

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

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

County Registrar's No.*

...ce of Birth Miami County Gila No. St.
(Registration District)

...K OF CHILD* ...nale | Twin Triplet or other? | and | Number in order of birth

DATE OF BIRTH* March (Month) 31 (Day) 1927 (Year)

FULL NAME FATHER Jose Garcia

FULL* MAIDEN NAME MOTHER Maria Rodriguez

I HEREBY CERTIFY that the child described herein has been named

Santos (Give name in full) Garcia (Surname)

Jose Garcia (Parent's Signature)

(Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form. 271-331-499

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

10M—8-42—Bower Co.

(Filed Mar. 31-1929) 217a

RECEIVED APR 10 1929 File

MARGIN R... USE