

MARGIN RESERVED FOR BINDING

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

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

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No. 124

Place of Birth Yuma County Yuma No. \_\_\_\_\_ St. \_\_\_\_\_

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

I HEREBY CERTIFY that the child described herein has been named

DATE OF BIRTH\* April 6 - 1929  
(Month) (Day) (Year)

Celso Dominguez  
(Give name in full) (Surname)

FULL\* NAME Ramon Dominguez FATHER

Salvador Dominguez  
(Parent's Signature)

FULL\* MAIDEN NAME Solidad Hernandez MOTHER

\_\_\_\_\_  
(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.

5M 7/11/40

349-406-267