135

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.* .....

Place of Birth Miami Ariz. County Gila No. 3206 Loomis Ave St.

(Registration District)

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

DATE OF BIRTH* May (Month) 4 (Day), 1929 (Year)

FULL* NAME FATHER Jesus J Castillo.

FULL* MAIDEN NAME MOTHER Luz Rodriguez

I HEREBY CERTIFY that the child described herein has been named

Delia Castillo.

(Give name in full) (Surname)

Jesus J Castillo

(Parent's Signature)

Cyril M. Cron MD.

(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 6-1-38

436-504-399

2-23-78 IBC 1306

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JUN 11 1929
Ans File