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.* 8

Place of Birth MIAMI County GILA No. St.
(Registration District)

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

DATE OF BIRTH* JUNE 12 1929
(Month) (Day) (Year)

FATHER
FULL* NAME Jesus Alonzo

MOTHER
FULL* MAIDEN NAME JOSEFA GOMEZ

I HEREBY CERTIFY that the child described herein has been named

ELIAS ALONZO
(Give name in full) (Surname)

X Jesus Alonzo
(Parent's Signature)

Josefa Gomez Alonzo
(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.

6 10M 1-45

516-612-179