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.* 166

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

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

DATE OF BIRTH* JUNE 25 1929
(Month) (Day) (Year)

FULL NAME FATHER RAFAEL LAGOS

FULL* MAIDEN NAME MOTHER FRANCISCO MELENDREZ

I HEREBY CERTIFY that the child described herein has been named

RAFAEL LAGOS
(Give name in full) (Surname)

Francisca Melendrez Lagos
(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.
10M—8-42—Bower Co.

932-625-649