

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 Hayden, Ariz County Pima No. \_\_\_\_\_ S

(Registration District)

SEX OF CHILD*	Twin Triplet or other?	{ and }	Number* in order of birth
---------------	------------------------------	---------	---------------------------------

I HEREBY CERTIFY that the child described herein has  
been named

DATE OF BIRTH\* July 4 1928  
(Month) (Day) (Year)

Rodolfo Mendoga  
(Give name in full) (Surname)

FULL* NAME	FATHER <u>Austroberto Mendoga</u>
FULL* MAIDEN NAME	MOTHER <u>Emilia Maria Mendoga</u>

Charles H. Harts  
(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.