

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. ¹³⁷

Place of Birth Miami Ariz County Gila No. 1128 Live Oak St. st.
(Registration District)

SEX OF CHILD*	Twin Triplet or other?	}	and	}	Number in order of birth
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I HEREBY CERTIFY that the child described herein
has been named

DATE OF BIRTH* JULY 7, 1929
(Month) (Day) (Year)

FRANCISCO SAENZ
(Give name in full) (Surname)

FATHER
NAME Blas Saenz

Cecilia B. Saenz
(Parent's Signature)

MOTHER
NAME Cecilia Delgado

(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.