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ARIZONA STATE DEPARTMENT OF HEALTH

Return should preferably be made
 by the person who made the original

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.*

of Birth Miami County Gila No. _____ St. _____
 (Registration District)

CHILD*	Twin Triplet or other?	{	and	}	Number in order of birth
F BIRTH*	July 24				1929
	(Month)		(Day)		(Year)
FATHER					
Incarnacion Gaucin					
MOTHER					
Belen Sidon					

I HEREBY CERTIFY that the child described
 herein has been named

Antonio Gaucin

(Give name in full)

(Surname)

Belen Sidon
 (Parent's Signature)

(Signature of Physician or Midwife)

* Items to be entered by the local registrar before giving out this form.

* Supplemental reports of birth may be obtained from the local registrar.
 —Bower Co.