

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. 162

Place of Birth Tuam  
(Registration District)

County Pima

No. ....

St. ....

SEX OF CHILD* <u>Male</u>	Twin Triplet or other?	}	and	}	Number in order of birth
DATE OF BIRTH <u>Sept 18, 1929</u>	(Month)		(Day)		(Year)
FULL NAME <u>Razero Enriquez</u>	FATHER				
FULL MAIDEN NAME <u>Francisca Cruz</u>	MOTHER				

I HEREBY CERTIFY that the child described herein has been named

Guadalupe Enriquez  
(Give name in full) (Surname)

x Abraham Gonzalez  
(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.

6M 5/20/41

759-918-639