

161

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

return should preferably be made
by person who made the original)

SUPPLEMENTARY REPORT OF BIRTH County Registrar's No.*.....

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

SEX OF CHILD* Male	Twin Triplet or other?	}	and	}	Number in order of birth
DATE OF BIRTH* December 21 1929 (Month) (Day) (Year)					
FULL NAME Miguel Ortega			FATHER		
FULL MAIDEN NAME Maria Marcos Saucedo			MOTHER		

I HEREBY CERTIFY that the child described herein
has been named

MIGUEL ORTEGA

(Give name in full)

(Surname)

Antonio L. Diaz
(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.

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461-1221-426

