

MARGIN RESERVED FOR BINDING

This supplemental report is to be pasted beneath the original.

STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

173

DECLARATORY REPORT OF BIRTH

Local Registrar's No.* 26

(This return should preferably be made by the person who made the original.)

Place of Birth HAYDE Number in order of birth 1

SEX OF CHILD * MALE Twin Triplet or other?

DATE OF BIRTH * MARCH 1927
(Month) (Year)

FULL NAME LOUIS FATHER'S NAME SANCHEZ

FULL MAIDEN NAME PALMIRA MOTHER'S MAIDEN NAME YSLAVA

CILA No. _____ St. _____

I HEREBY CERTIFY that the child described herein has been named

RAOUL YSLAVA SANCHEZ
(Given name in full) (Surname)

Palmira Yslava Sanchez
(Father's or Mother'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 to be filed immediately to state registrar.
Local registrars must mail supplements immediately to state registrar.

PLEASE WRITE PLAIN AND IN INK.

929-306-781

RECEIVED
APR 12 1927
Ans. _____
File _____