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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.*

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

SEX OF CHILD*	Twin Triplet or other?	}	and	}	Number in order of birth
Female					

I HEREBY CERTIFY that the child described herein
has been named

DATE OF BIRTH* March 7 1927
(Month) (Day) (Year)

MARGARET VIOLA HERNANDEZ
(Give name in full) (Surname)

FULL* FATHER
NAME Enrique Hernandez

Enrique Hernandez
(Parent's Signature)

FULL* MOTHER
MAIDEN NAME Guadalupe BaEza

(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.

© 10M 1-45

499-307-721

MARGIN RESERVED FOR BINDING
USE PERMANENT INK