

State File No. 594, Yuma Co

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

County Registrar's No. *

SUPPLEMENTARY REPORT OF BIRTH

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

Place of Birth (Registration District) Yuma No. 102 St. _____

OF CHILD* M Twin or other? _____ and _____ Number in order of birth _____

DATE OF BIRTH* Mar 31 1927
(Month) (Day) (Year)

I HEREBY CERTIFY that the child described herein
has been named

Cesario Chavez (Surname)
(Give name in full)

Cesario Chavez
(Parent's Signature)

Dr. Ylario Katcherside
(Signature of Physician or Midwife)

FATHER Lebrado Hernandez Chavez

MOTHER Juana Estrada

*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.

12-21-
9475
12-29-
339-331-151

Ans. _____ File _____