44170

MARGIN RESERVED FOR BINDING
USE PERMANENT INK

# ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

(This return should pr ly be made by the person who ma e original)

## SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.* 142

Place of Birth (Registration District) lobe County Gila No. Buena Vista St.

| SEX OF CHILD* | Twin Triplet or othe | and | Number in order of birth |
|---|---|---|---|
| male | | | |

DATE OF BIRTH* OCTOBER 17, 1927
(Month) (Day) (Year)

FULL* NAME FATHER: Jose T. Sanchez

FULL* MAIDEN NAME MOTHER: ~~Rafaela~~ Grijalva Sanchez

*These items to be entered by the local registrar before giving out this form.

I HEREBY CERTIFY that the child described herein has been named

RAUL G. SANCHEZ
(Give name in full) (Surname)

Rafaela G Sanchez
(Parent's Signature)

(Signature of Physician or Midwife)

Blank supplemental reports of birth may be obtained from the local registrar.

10M 10-1-48—S.P.Co.

929-1017-929