MARGIN RESERVED FOR BINDING
USE PERMANENT INK

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

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

County Registrar's No.*

Place of Birth HAYDEN County GILA No. St.
(Registration District)

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

DATE OF BIRTH* NOV (Month) 10 (Day) 1927 (Year)

FULL* NAME FATHER: LUCAS BALDENEGRO

FULL* MAIDEN NAME MOTHER: SARA LORONA

*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

MARIA PAULINA BALDENEGRO
(Give name in full) (Surname)

Sara L. Baldenegro
(Parent's Signature)

(Signature of Physician or Midwife)

Blank supplemental reports of birth may be obtained from the local registrar.
10M 10-1-43—S.P.Co.

426-1110-231