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 (Registration District) County Gila No. 923 Sullivan St.

SEX OF CHILD*	Twin Triplet or other?	and	Number in order of birth
male			8

DATE OF BIRTH* Jan 1 1930 (Month) (Day) (Year)

FULL NAME FATHER Teleforo Saldivar

FULL MAIDEN NAME MOTHER Isabelle Mena

I HEREBY CERTIFY that the child described herein has been named

Teleforo Saldivar (Give name in full) (Surname)

Isabelle Mena (Parent's Signature)

Cyril M. Brown (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—8-42—Bower Co.

329-101-8411

State Board of Health
FEB 12 1930
RECEIVED