MARGIN RESERVED FOR BINDING
USE PERMANENT INK

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.* 19

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* February (Month) 12 (Day) 1930 (Year)

FULL NAME* FATHER Pedro Gonzalez

FULL MAIDEN NAME* MOTHER Sara Almendarez

I HEREBY CERTIFY that the child described herein has been named

SARAH ALMENDAREZ GONZALEZ
(Give name in full) (Surname)

(Parent's Signature)

Sara A Gonzalez
~~(Signature of Physician or Midwife)~~ MOTHER

*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

279-212-219