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ARIZONA STATE BOARD OF HEALTH
BUREAU 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 Hayden County Gila No. _____ St. _____
(Registration District)

SEX OF CHILD* <u>Male</u>	Twin Triplet or other?	} and }	Number* in order of birth
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I HEREBY CERTIFY that the child described herein has
been named

DATE OF BIRTH* May. 28., 1930
(Month) (Day) (Year)

Jose Saenz Jr.
(Give name in full) (Surname)

FATHER
FULL NAME Jose Saenz

Jose Saenz
(Parent's Signature)

MOTHER
FULL NAME Emilia Mendez

(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.

3-1-38

129-528-549