

ARIZONA STATE BOARD OF HEALTH

SUPPLEMENTARY REPORT OF BIRTH

188

6925

ARIZONA STATE DEPARTMENT OF HEALTH

188

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

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.\*

Place of Birth Globe County Gila No. \_\_\_\_\_ St. \_\_\_\_\_  
 (Registration District)

SEX OF CHILD*	Twin Triplet or other?	{ and }	Number in order of birth
Female			

I HEREBY CERTIFY that the child described herein has been named

DATE OF BIRTH\* June 19, 1930  
 (Month) (Day) (Year)

Estela Chavez  
 (Give name in full) (Surname)

FULL NAME FATHER  
Pedro Chavez

Pedro Chavez  
 (Parent's Signature)

FULL MAIDEN NAME MOTHER  
Juaquina Aguirre

(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.

539-619-115

MARGIN RESE  
 USE PE

