14911

MARGIN RESERVED FOR BINDING

USE PERMANENT INK

221 A

# 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.* 464

Place of Birth Claypool (Registration District) County Gila No. 12 Grover Canyon St.

| SEX OF CHILD* | Twin Triplet or other? | and | Number in order of birth |
|---|---|---|---|
| female | | | |

DATE OF BIRTH* June (Month) 29 (Day) 1930 (Year)

FULL* NAME FATHER Nestor Contreras

FULL* MAIDEN NAME MOTHER Candida Garcia

I HEREBY CERTIFY that the child described herein has been named

Candida Contreras (Give name in full) (Surname)

Mrs. Candida G. Contreras (Parent's Signature)

J. Jimenez Alvarez M.D. (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 1-45

332-629-371