

ARIZONA STATE DEPARTMENT OF HEALTH

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DIVISION OF VITAL STATISTICS

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189  
12-17-88  
RD

(S) (89) (189) (12-17-88)

4-25-88  
12-9-88 #4104 X 2

43600-6-21-88

ARIZONA STATE DEPARTMENT OF HEALTH

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Person should preferably be made  
Person who made the original)

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.\*

Place of Birth Miami, Arizona County Gila No. \_\_\_\_\_ St. \_\_\_\_\_  
(Registration District)

CHILD*	Twin	{	and	}	Number in order of birth
	Triplet or other?				
BIRTH*	<u>AUGUST</u>	<u>12</u>	<u>1930</u>		
	(Month)	(Day)	(Year)		
FATHER					
<u>JESUS SANDOVAL</u>					
MOTHER					
<u>MARIANA B. SANDOVAL <i>Lomela</i></u>					

I HEREBY CERTIFY that the child described  
herein has been named

MARIA SUSANA SANDOVAL

(Give name in full)

(Surname)

*Mariana S. Sandoval*  
(Parent's Signature)

(Signature of Physician or Midwife)

Items to be entered by the local registrar before giving out this form.

Supplemental reports of birth may be obtained from the local registrar.  
-Bower Co.

423-812-439

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