

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

Local Registrar's No.* 1125

Place of Birth Hayden Gila County No. _____ St. _____
(Registration District)

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

I HEREBY CERTIFY that the child described herein has been named

DATE OF BIRTH* November 25 1923
(Month) (Day) (Year)

Carmen Chavez
(Given name in full) (Surname)

FATHER
L. NAME Octaviano D. Chavez

Octaviano D. Chavez
(Father's or Mother's Signature)

MOTHER
L. NAME Soledad Romo

(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.
Local registrars must mail supplemental reports immediately to state registrar.

PLEASE WRITE PLAIN AND IN INK.

339-1125-296