MARGIN RESERVED FOR BINDING
USE PERMANENT INK

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.*.....

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

SEX OF CHILD* Female	Twin Triplet or other?	and	Number in order of birth
DATE OF BIRTH* February 7 1931 (Month) (Day) (Year)			
FULL* NAME	FATHER Brijido Sanchez		
FULL* MAIDEN NAME	MOTHER Maria Padilla		

I HEREBY CERTIFY that the child described herein has been named

MARIA ESTER SANCHEZ
(Give name in full) (Surname)

Maria R Gallardo
(Parent's Signature)

(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.

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429-207-471