RTIFICATE OF BIRTH

—social, legal, or economic—in which evidence
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the full descriptive titles, as civil engineer, public ac
laborer" when a more precise statement of occupation
xact occupation, as carpenter, painter, machinist, etc.
ants. A person who sells goods should be called a

611—7117

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.* 96

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

SEX OF CHILD* Female	Twin Triplet or other?	and	Number in order of birth
DATE OF BIRTH* Oct. (Month)	24, (Day)	1932 (Year)	
FULL* NAME	FATHER Gregoria Sanchez		
FULL* MAIDEN NAME	MOTHER Felicites Chavez		

I HEREBY CERTIFY that the child described herein has been named

Carmen Sanchez Sanchez
(Give name in full) (Surname)

Felicitas Sanchez
(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.

10M 12-46

329-1024-639