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ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATICS

This return should preferably be made by the person who made the original registration.

SUPPLEMENTARY REPORT OF BIRTH Local Registrar's No.

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

SEX OF CHILD* <u>Male</u>	Twin Triplet or other?	{ and }	Number* in order of birth
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DATE OF BIRTH* Aug 24 1915
(Month) (Day) (Year)

FATHER
LL. NAME Jose Carlos Corrella

MOTHER
LL. NAME Maria Amagaw

I HEREBY CERTIFY that the child described herein has been named

Cylos A Corrella
(Full name) (Surname)

(Parent's signature)

Tomer A Corrella *Doctor*
(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 county registrar. County registrars must mail with original certificate on the day of following month.

331-824-415