

MARGIN RESERVED FOR BINDING
USE PERMANENT INK

ARIZONA STATE BOARD OF HEALTH

(This return should preferably be made by the person who made the original)

BUREAU OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No. * 131

Place of Birth Glendale County Glendale No. _____ St. _____

SEX OF CHILD	Twin Triplet or other?	and	Number in order of birth
<u>Male</u>			
DATE OF BIRTH	<u>Nov 6 - 1916</u>		
	(Month) (Day) (Year)		
FULL NAME	FATHER <u>Vicente Garcia</u>		
FULL MAIDEN NAME	MOTHER <u>Ella Tewksbury</u>		

I HEREBY CERTIFY that the child described herein has been named

Vicente Leonardo Tewksbury
(Give name in full) (Surname)

Ella E. Tewksbury
(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.
M 6/20/41

538-1106-538