

1593

3 5M 8-16-35

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

131

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

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.*

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

SEX OF CHILD: male Twin Triplet or other? _____ and _____ Number* in order of birth _____

DATE OF BIRTH* Jan 28, 1922 1922
(Month) (Day) (Year)

FULL* NAME Laurd Navarrs FATHER

FULL* MAIDEN NAME Aara Ostrada MOTHER

I HEREBY CERTIFY that the child described herein has been named

Laurd Navarrs Jr.
(Give name in full) (Surname)

Mrs Laurd Navarrs
(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.

beneath the original.

Form X

356-128-251