

2350

In case of more than one child at birth, a SEPARATE RETURN must be made for each, and indicate must be filed by the attending Physician.

County of _____
District of _____
Town of _____
or
City of _____
FULL NAME
If child _____
Sex of Child Male Female
Full Name _____
Residence _____

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

112

(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 Gila No. _____ St. _____
(Registration District)

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

I HEREBY CERTIFY that the child described herein has been named

DATE OF BIRTH* June 15 - 22
(Month) (Day) (Year)

Selvera Garcia
(Give name in full) (Surname)

FULL NAME FATHER Francisco Garcia

Paula G. Garcia
(Parent's Signature)

FULL MAIDEN NAME MOTHER Paula Garcia

(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 10-1-43-S.P.Co.

271-615-771