

979

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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.*

Place of Birth

(Registration District)

County Miami Arizona No. Mexican Canyon St.

I HEREBY CERTIFY that the child described herein has been named

SEX OF CHILD*	Twin Triplet or other?	and	Number in order of birth
<u>female</u>	<u>female</u>		<u>2</u>
DATE OF BIRTH*	<u>August</u>	<u>25</u>	<u>1922</u>
	(Month)	(Day)	(Year)
FULL NAME	FATHER <u>Juan Armendariz</u>		
FULL MAIDEN NAME	MOTHER <u>Rosario Morales</u>		

Hermilia Louisa Armendariz
(Give name in full) (Surname)

Juan Armendariz
(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-8-42-Bower Co.

819-825-942