ARIZONA STATE BOARD OF HEALTH

BUREAU 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 Miami Ariz County Gila No._____ St._____
(Registration District)

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

DATE OF BIRTH* December (Month) 22 (Day), 1922 (Year)

FULL* NAME FATHER Jose Chavez

FULL* MAIDEN NAME MOTHER Ignacia Navarrete

I HEREBY CERTIFY that the child described herein has been named

Tomasa Chavez
(Give name in full) (Surname)

Jose Chavez
(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.

3M 6-1-38

339-1222.955