

ARIZONA STATE DEPARTMENT OF HEALTH

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

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.*

Place of Birth Miami (Registration District) County Gila No. Davis Canyon St.

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

DATE OF BIRTH* Febrero 21 1923
(Month) (Day) (Year)

FULL NAME	FATHER
<u>Valentin Navarrete</u>	
FULL MAIDEN NAME	MOTHER
<u>Angela Ochoa</u>	

I HEREBY CERTIFY that the child described herein has been named

Armando Navarrete
(Give name in full) (Surname)

Valentin Navarrete
Physician's Signature

do not remember Dr's name
(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 11-41 A.P.

155-221-161