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 HAYDEN (Registration District) County GILA No. ..... St.

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

DATE OF BIRTH* MARCH (Month) 30 (Day) 1923 (Year)

FULL* NAME FATHER JESUS SANDOVAL

FULL* MAIDEN NAME MOTHER YSABEL YSLABA

I HEREBY CERTIFY that the child described herein has been named

JESUS YSLABA SANDOVAL
(Give name in full) (Surname)

Ysabel Yslaba Sandoval
(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.

123-330-881

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