

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. * 170

Place of Birth MIAMI, ARIZONA County GILA No. St.

SEX OF CHILD* FEMALE	Twin Triplet or other?	and	Number in order of birth
DATE OF BIRTH* APRIL 25 1923	(Month)	(Day)	(Year)
FULL NAME CANUTO SALAZAR	FATHER		
FULL MAIDEN NAME JOSEFA VASQUEZ	MOTHER		

I HEREBY CERTIFY that the child described herein has been named
 HERMINIA ^{MARCOS} SALAZAR
 (Give name in full) (Surname)
 Canuto Salazar
 (Parent's Signature)
 Dr. Miller
 (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.

829-425-159