ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

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

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.* 13

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			5th

DATE OF BIRTH* May 6 1953
(Month) (Day) (Year)

FULL NAME FATHER Florenzio Regalado

FULL* MAIDEN NAME MOTHER Clotilde Sanchez

I HEREBY CERTIFY that the child described herein has been named

Juanita Regalado
(Give name in full) (Surname)

Clotilde S. Regalado
(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.

5M 5/20/41

196-506-329