217

161

MARGIN RESERVED FOR BINDING

This supplemental report is to be pasted beneath the original.

[redacted]2 SM 5-1-31

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 (Registration District) County Gila No. Davis Canon St.

SEX OF CHILD*	Twin Triplet or other?	and	Number* in order of birth
Female			2

DATE OF BIRTH* June (Month) 26, (Day) 1923 (Year)

FULL* NAME FATHER: Victoriano Juarez

FULL* MAIDEN NAME* MOTHER: Salome Vasquez

I HEREBY CERTIFY that the child described herein has been named

Victoria Juarez
(Give name in full) (Surname)

Victoriano Juarez
(Parent's Signature)

Cyril M. Crow M.D.
(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.

Local registrars must mail supplemental reports immediately to county registrar. County registrars must mail with original certificate following month.

519-626-259