189

130

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 Miamia County Arizona No. 3203 Tukiay Shoot St.
(Registration District)

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

DATE OF BIRTH* September (Month) 12 (Day) 1923 (Year)

FULL* NAME Carmela FATHER Sanchez

FULL* MAIDEN NAME Sarah S MOTHER Sanchez

I HEREBY CERTIFY that the child described herein has been named

Caroline Sandoval Sanchez
(Give name in full) (Surname)

Sarah S. Sanchez
(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 7/11/40

329-912-223

VED