

1822

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2, 1923

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
Place of Birth Hayden County Yuma No. _____ St _____

County Registrar's No.*

SEX OF CHILD*	Twin Triplet or other?	and	Number in order of birth
<u>Male</u>			<u>3</u>
DATE OF BIRTH* <u>Nov. 4 1923</u>			
(Month) (Day) (Year)			
FULL NAME	FATHER		
<u>Francisco S. Arwayo</u>			
FULL MAIDEN NAME	MOTHER		
<u>Maria Monreal</u>			

I HEREBY CERTIFY that the child described herein has been named

Carlos Arwayo
(Give name in full) (Surname)

Maria Arwayo
(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.

ISM 7/11/40

316-1104-443