

1829

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. \* 130

Place of Birth Miami, Arizona County Gila (Registration District)

No. — Sullivan Sta

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

DATE OF BIRTH\* Nov 6, 1923 (Month) (Day) (Year)

FULL NAME Eduardo Saucedo FATHER

FULL MAIDEN NAME Yvonne Chavez MOTHER Murgida

I HEREBY CERTIFY that the child described herein has been named

Leonardo Chavez Saucedo (Give name in full) (Surname)

Mrs. Gerald Chang (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. 10M 11-41 A.P.

321-1106-241