1228

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION 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. St.

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

DATE OF BIRTH* 2 (Month) 23 (Day) 1924 (Year)

FULL* NAME FATHER Isidro Sandoval

FULL* MAIDEN NAME MOTHER Librada Bidaure

*These items to be entered by the local registrar before giving out this form.

I HEREBY CERTIFY that the child described herein has been named

Pedro Sandoval
(Give name in full) (Surname)

Joe Sandoval
Older Brother (Signature)

(Signature of Physician or Midwife)

Blank supplemental reports of birth may be obtained from the local registrar.

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723-223-325