1922-M

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.*.....

...should preferably be made
...on who made the original)

...of Birth Miami County Gila No..... St.
...istration District)

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

...OF BIRTH* 13 - March 1924
(Month) (Day) (Year)

...L* ...IE FATHER
no

...L* ...DEN ...IE MOTHER
Leonor Mancinas

I HEREBY CERTIFY that the child described herein has been named

Maria Josephina Mancinas
(Give name in full) (Surname)

.....
(Parent's Signature)

Leonor Mancinas
(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.

1/11/40

442-313-342