MAR 4 - 1930

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

Local Registrar's No.*.....

Place of Birth (Registration District) Miami County Gila No. St

SEX OF CHILD* | Twin / Triplet / or other? } and { Number* in order of birth

DATE OF BIRTH* Nov (Month) 30 (Day) 1924 (Year)

FULL* NAME — FATHER: Florencio Reyulado.

FULL* MAIDEN NAME — MOTHER: Clorilde Sanchez Reyulado

I HEREBY CERTIFY that the child described herein has been named

Maria Reyulado
(Given name in full) (Surname)

Clotilde Sanchez
(Father's or Mother's Signature)

(Signature of Physician or Midwife)

state Un Crom attended

*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.
Local registrars must mail supplemental reports immediately to state registrar. PLEASE WRITE PLAIN AND IN IN-

496-1930-329