MARGIN RESERVED FOR BINDING
USE PERMANENT INK

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.* 1217

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* March (Month) 5 (Day) 1915 (Year)

FULL NAME FATHER	Raymundo Silva
FULL* MAIDEN NAME MOTHER	Severiana Sanchez

I HEREBY CERTIFY that the child described herein has been named

Manuel Sanchez (Give name in full) Silva (Surname)

Severiana Silva (Parent's Signature)

Dr. Perkins. (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.

421-305-299

RECEIVED
JUL 12 1925