MARGIN RESERVED FOR BINDING

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.* 46

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

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

DATE OF BIRTH* March 19 1925
(Month) (Day) (Year)

FULL* NAME FATHER Lucio Portillo

FULL* MAIDEN NAME MOTHER Joaquina Sanchez

I HEREBY CERTIFY that the child described herein has been named PORTILLO

ALBERT SANCHEZ [redacted]
(Given name in full) (Surname)

Joaquina Sanchez
(Father's or Mother'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.
Local registrars must mail supplemental reports immediately to state registrar. **PLEASE WRITE PLAIN AND IN INK.**

176-517-129