Jose M. Castaneda, Jr. 18603 50¢

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.* 235

Place of Birth Miami County Gila No. 300 Grover Canon St.
(Registration District)

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

DATE OF BIRTH* May 27, 1925
(Month) (Day) (Year)

FULL* NAME FATHER
Jose M. Castenada

FULL* MAIDEN NAME MOTHER
Sotera Montes

I HEREBY CERTIFY that the child described herein has been named

Jose Montes Castenada
(Give name in full) (Surname)

Jose M. Castaneda
(Parent'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.

10M 12-46