

ARIZONA STATE BOARD OF HEALTH  
 DIVISION OF VITAL STATISTICS  
 STATEMENT PREPARED TO BE FILED

JUL 26 1945

ARIZONA STATE DEPARTMENT OF HEALTH  
 DIVISION OF VITAL STATISTICS

206

(This return should preferably be made by the person who made the original) SUPPLEMENTARY REPORT OF BIRTH County Registrar's No.\*.....

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

SEX OF CHILD* <u>Female</u>	Twin Triplet or other?	and	Number in order of birth
DATE OF BIRTH* <u>June 29 1925</u>	(Month)	(Day)	(Year)
FULL NAME <u>Pomposo Chavez</u>	FATHER		
FULL MAIDEN NAME <u>Raimunda Hernandez</u>	MOTHER		

I HEREBY CERTIFY that the child described herein has been named

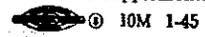
Petra Chavez  
 (Give name in full) (Surname)

\*Raimunda Hernandez  
 (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.



439-629-989

61395-30  
 MARGIN RESERVED FOR BINDING  
 USE PERMANENT INK

RECEIVED