MARGIN RESERVED FOR BINDING
This supplemental report should be pasted beneath the original.

3 5M 8-16-35

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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

County Registrar's No.*.....

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

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

DATE OF BIRTH* Aug (Month) 2 (Day) 1925 (Year)

FULL* NAME — FATHER: Manuel Armendariz

FULL* MAIDEN NAME — MOTHER: Anna Organ Armendariz

*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.

Form X

I HEREBY CERTIFY that the child described herein has been named

Maria Olga Armendariz
(Give name in full) (Surname)

Ana Organ Armendariz
(Parent's Signature)

Dr Salell
(Signature of Physician or Midwife)