

MARGIN RESERVED FOR BINDING
USE PERMANENT INK

ARIZONA STATE DEPARTMENT OF HEALTH

1916

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

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

SEX OF CHILD* M Twin Triplet or other? { and } Number in order of birth

DATE OF BIRTH* Aug 29 1925
(Month) (Day) (Year)

FATHER Louis Sandoval
FULL NAME

MOTHER Juana Helgado
FULL MAIDEN NAME

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

Juan Sandoval
(Give name in full) (Surname)

Luana Sandoval
(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-8-42-Bower Co.

123-829-146