

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
 STATE OF ARIZONA

PLACE OF BIRTH

132

3 SM 5-1-31

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 Miami County Pala No. Turkey Shoot St. \_\_\_\_\_  
 (Registration District)

SEX OF CHILD*	Twin Triplet or other?	and	Number* in order of birth
<u>Boy</u>			<u>1st</u>

I HEREBY CERTIFY that the child described herein has been named

DATE OF BIRTH\* Jan 10 1925  
 (Month) (Day) (Year)

Manuel Sauchy  
 (Give name in full) (Surname)

FATHER  
Manuel Sauchy

Rosa Reyes  
 (Parent's Signature)

MOTHER  
Rosa Reyes

Dr. Brown  
 (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 county registrar. County registrars must mail with original certificate on tenth day of following month.

729-1001-992

NOV 12 1925

MARGIN

This sup

FILE

TABLE SETTING