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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

Local Registrar's

Place of Birth Hayden County Gila No. _____
(Registration District)

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

DATE OF BIRTH* December 15 1925
(Month) (Day) (Year)

FULL* FATHER NAME Jesus Santa Maria

FULL* MOTHER MAIDEN NAME Josefa Bravo

I HEREBY CERTIFY that the child described
has been named

Guadalupe Santa M

(Given name in full) (S)

Josefa Santa
(Father's or Mother's Sig)

(Signature of Physician or

*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 may mail supplemental reports immediately to state registrar.

PLEASE WRITE PLAIN

721-1215-

MARGIN RES
This supplement
benefits