

RECEIVED

RECEIVED BY: [illegible]

MARGIN RESERVED FOR BINDING

This supplemental report is to be pasted beneath the original.

3 5M 8-16-35

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. 30

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

I HEREBY CERTIFY that the child described herein has been named

SEX OF CHILD*	Twin Triplet or other? <input checked="" type="checkbox"/>	and	Number* in order of birth
Female			
DATE OF BIRTH*	<u>May</u> <u>23</u> , 19 <u>26</u>		
	(Month)	(Day)	(Year)
FULL* NAME	FATHER <u>Jacinto Orozco</u>		
FULL* MAIDEN NAME	MOTHER <u>Genoveva Sanchez</u>		

Hortensia Orozco
(Give name in full) (Surname)

Jacinto Orozco
(Parent 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.

Form X

866-523-729