

MARGIN RESERVED FOR BINDING

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

(This return should preferably be made by the person who made the original)

SUPPLEMENTARY REPORT OF BIRTH County Registrar's No.* 11

Place of Birth Miami, Arizona County Glendale No. _____ St. _____
(Registration District)

SEX OF CHILD*	Twin Triplet or other?	}	and	}	Number in order of birth
<u>Male</u>					

I HEREBY CERTIFY that the child described herein has been named

DATE OF BIRTH* July 18 1926
(Month) (Day) (Year)

Flavio Santos
(Give name in full) (Surname)

FATHER
FULL* NAME Flavio Santos

Flavio Santos
(Parent's Signature)

MOTHER
FULL* MAIDEN NAME Mariana de la Riva

Minerva Hernandez
(Signature of Physician or Midwife)
(older relative)

*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.