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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. *201

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

I HEREBY CERTIFY that the child described
herein has been named

SEX OF CHILD* <u>girl</u>	Twin Triplet or other?	and	Number in order of birth
DATE OF BIRTH* <u>August 23rd 1926</u>	<u>23</u>	<u>26</u>	<u>1926</u>
FULL NAME <u>Jose Salinas</u>	FATHER		
FULL MAIDEN NAME <u>Maria T. Pandoval</u>	MOTHER		

Belia Salinas
(Give name in full) (Surname)

Father & Ralph Pandoval
mother dead (Parent's Signature)

uncle
(Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

325-823-453

Blank supplemental reports of birth may be obtained from the local registrar.
10M-8-42-Bower Co.

(not filed)