

3 5M 8-16-35

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.\* .....

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

Place of Birth Miami

County Gila

No. Church Hill St.

(Registration District)

SEX OF CHILD* <u>female</u>	Twin Triplet or other?	and	Number* in order of birth
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I HEREBY CERTIFY that the child described herein has  
been named

Irene Armendariz

DATE OF BIRTH\* September 1 1926  
(Month) (Day) (Year)

(Give name in full)

(Surname)

FULL\*  
NAME

FATHER

Manuel Armendariz

Anna Organ Armendariz  
(Parent's Signature)

FULL\*  
MAIDEN  
NAME

MOTHER

Anna Organ Armendariz

Dr. Satell  
(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

MARGIN RESERVED FOR BINDING  
This supplemental report is to be pasted  
beneath the original.

919-901-119