

LIVED

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No. * 111

County Yuma No. ✓ St.

I HEREBY CERTIFY that the child described herein has been named

Josefina Gonzalez José
(Give name in full) (Surname)

(Parent's Signature)

(Signature of Physician or Midwife)

local registrar before giving out this form.

h may be obtained from the local registrar.

179-919-249

MARGIN RESERVED FOR BINDING
USE PERMANENT INK

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

Place of Birth Maricopa
(Registration District)

SEX OF CHILD* Female Twin or Triplet or other?

DATE OF BIRTH* 19 1926
(M) (Day) (Year)

FULL NAME Sybrans

FULL MAIDEN NAME Seneca

*These items to be entered on the

Blank supplemental report
10M 10-1-43-S.P.Co.

and Number in order of birth

EB Gonzalez
IER Martinez

73707 / 1-27-89
7-7-89