

1402
MARGIN RESERVED FOR BINDING
USE PERMANENT INK

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. * 16

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

SEX OF CHILD* <u>Male</u>	Twin Triplet or other?	{ and }	Number in order of birth
DATE OF BIRTH* <u>Sept.</u> <u>24</u> <u>1926</u> (Month) (Day) (Year)			
FULL NAME FATHER <u>JOSEPH BERNARD Andres Chaives</u>			
FULL MAIDEN NAME MOTHER <u>Lusia Bertoldo</u>			

I HEREBY CERTIFY that the child described herein has been named

Gabriel CHAIVES ~~XXXXXXXX~~
(Give name in full) (Surname)

Juan Samalera
(Parent's 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.
10M-8-42-Bower Co.

729-924-326