

MARGIN RESERVED FOR BINDING  
USE PERMANENT INK

ARIZONA STATE DEPARTMENT OF HEALTH

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

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

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

160

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

SEX OF CHILD*	Twin Triplet or other?	{	and	}	Number in order of birth
<u>Female</u>					
DATE OF BIRTH*	<u>Oct.</u>	<u>13</u>	<u>1926</u>		
	(Month)	(Day)	(Year)		
FULL NAME	FATHER <u>Alvaro Sanchez</u>				
FULL MAIDEN NAME	MOTHER <u>Angelina Troglia</u>				

I HEREBY CERTIFY that the child described  
herein has been named

Gloria Marie Sanchez  
(Give name in full) (Surname)

Angelina Troglia Sanchez  
(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.

729-1013-131