

MARGIN RESERVED FOR BINDING

199

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

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

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No. 274

Place of Birth Globe
(Registration District)

County Gila

No. Ring Canyon St.

SEX OF CHILD* <u>Female</u>	Twin Triplet or other? <u>no</u>	and	Number* in order of birth <u>-</u>
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I HEREBY CERTIFY that the child described herein has been named

DATE OF BIRTH* Dec. 30, 1926
(Month) (Day) (Year)

Lenovera Castaneda
(Give name in full) (Surname)

FULL* NAME <u>Joe Castaneda</u>	FATHER
FULL* MAIDEN NAME <u>Lenovera Granado</u>	MOTHER

T. C. Harper M.D.
(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.

Globe, Arizona

731-1230-776