MARGIN RESERVED FOR BINDING
USE PERMANENT INK

149

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.*

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

SEX OF CHILD*	Twin Triplet or other?	and	Number in order of birth
Fem			

DATE OF BIRTH* January (Month) 26 (Day) 1928 (Year)

	FATHER	MOTHER
FULL NAME	Ramon C Castaneda	
FULL* MAIDEN NAME		Carmen Florez

I HEREBY CERTIFY that the child described herein has been named

MARGARET C CASTANEDA
(Give name in full) (Surname)

Carmen G Castaneda
(Parent's Signature)

(Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving it this form.

Blank supplemental reports of birth may be obtained from local registrar.

10M 10-1-43—S.P.Co.

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FEB 13 1928
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