203

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.*.....

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

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

DATE OF BIRTH* Feb. 28 1928 (Month) (Day) (Year)

FULL NAME FATHER Pedro Chavez

FULL* MAIDEN NAME MOTHER Juaquina Aguirre Chavez

I HEREBY CERTIFY that the child described herein has been named

Maria Chavez
(Give name in full) (Surname)

x Pedro Chavez
(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.

439-228-139