MARGIN RESERVED FOR BINDING
DO NOT USE PERMANENT INK

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.*

Place of Birth (Registration District) Miami County Gila No. 76 Grover Cayon St.

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

DATE OF BIRTH* April (Month) 5 (Day) 1928 (Year)

FULL NAME FATHER Hilario Betancur

FULL* MAIDEN NAME MOTHER Conseption Sandoval

I HEREBY CERTIFY that the child described herein has been named

Jose Sandoval Betancur
(Give name in full) (Surname)

Conseption Sandoval
(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.

5M 5/20/41