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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 Miami County Gila No. St.

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

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

FULL* NAME FATHER Jose Saines

FULL* MAIDEN NAME MOTHER Dolores Padilla Gutierrez

I HEREBY CERTIFY that the child described herein has been named

CONSUELO SAINES (Give name in full) (Surname)

Carmito M. Padilla (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 1-45

322-626-479

MARGIN RESERVED FOR BINDING USE PERMANENT INK