State File No. 132, Gila Co.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

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

County Registrar's No.*

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

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

DATE OF BIRTH* July (Month) 8 (Day) 1928 (Year)

FULL NAME — FATHER: Jose . Sanchez

FULL* MAIDEN NAME — MOTHER: Antonia Ruelas

I HEREBY CERTIFY that the child described herein has been named

Ramona Sanchez
(Give name in full) (Surname)

Jose Sanchez
(Parent's Signature)

Charles B. Huestis
(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

929-708-192

RECEIVED
AUG 11 1928