MARGIN RESERVED FOR BINDING
USE PERMANENT INK

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.* 145

Place of Birth Miami (Registration District) County ..... No. MIAMITA CAYON St.

SEX OF CHILD*	Twin Triplet or other?	Number in order of birth
FEMALE	Single	

DATE OF BIRTH* NOV (Month) 7 (Day) 1928 (Year)

FULL* NAME FATHER: PABLO GONZALEZ

FULL* MAIDEN NAME MOTHER: MARIA CONCEPCION JIMENEZ

I HEREBY CERTIFY that the child described herein has been named

MARIA (Give name in full) GONZALEZ (Surname)

Pablo Gonzalez Concepcion Jimenez (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

479-1107-419