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

Local Registrar's No.* 32

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

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

DATE OF BIRTH* April (Month) 13 (Day) 1929 (Year)

FULL* NAME — FATHER: Jose Blancarte

FULL* MAIDEN NAME — MOTHER: Guadalupe Nava

I HEREBY CERTIFY that the child described herein has been named

Dolores (Given name in full) Blancarte (Surname)

Jose Blancarte
(Father's or Mother's Signature)

Charles B. Thurston M.D.
(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.
Local registrars must mail supplemental reports immediately to state registrar.

PLEASE WRITE PLAIN AND IN INK.

425-413-751

RECEIVED
MAY 13 1929
Ans. File

8-05-19

1995 2-4-91 (X) 920 2-6-51