MARGIN RESERVED FOR BINDING
USE PERMANENT INK

219

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION 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) Miami County Gila No. ..... St.

SEX OF CHILD: Female	Twin / Triplet / or other? } and { Number in order of birth
DATE OF BIRTH*	August 22 1909 (Month) (Day) (Year)
FULL NAME	FATHER: Jesus Canizales
FULL* MAIDEN NAME	MOTHER: Fidela Gonzales

I HEREBY CERTIFY that the child described herein has been named

MARGARITA CANIZALES
(Give name in full) (Surname)

Jesus Canizales
(Parent's Signature)

(Signature of Physician or Midwife)

*These items be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.
10M 10-1-43—S.

432-822-672