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.* 141

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

SEX OF CHILD* Male | | and | Number in order of birth

DATE OF BIRTH October 18 - 1929
(Month) (Day) (Year)

FULL* NAME FATHER Ygnacio Sanchez

FULL* MAIDEN NAME MOTHER Maria Nerise Magdalena

*These i by the local registrar before giving out this form.

I HEREBY CERTIFY that the child described herein has been named

Juan Guadalupe Sanchez
(Give name in full) (Surname)

Ygnacio Sanchez
(Parent's Signature)

ROSA CORTES
(Signature of Physician or Midwife)

Blank supplemental reports of birth may be obtained from the local registrar.

10M

129-1018-41 FILED: March 4, 1948