ARIZONA STATE DEPARTMENT OF HEALTH

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

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.* 14

Place of Birth Claypool (F ation District) County Gila No. 53 Wilson St.

SEX OF CHILD*	Twin, Triplet or oth		Number in order of birth
female	triplet	and	3rd

DATE OF BIRTH* October (nth) 18th (Day) 1929 (Year)

FULL NAME FATHER Pilar Chavez

FULL* MAIDEN NAME MOTHER Refugio Marez.

I HEREBY CERTIFY that the child described herein has been named

Irene Chavez.
(Give name in full) (Surname)

Refugio M. Chavez
(Parent's Signature)

(Signature of Physician or Midwife)

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

Blank sv ts of birth may be obtained from the local registrar.

10M—8-42—B

939-1018-949