

MARGIN RESERVED FOR BINDING
USE PERMANENT INK

ARIZONA STATE DEPARTMENT OF HEALTH

116

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

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.*

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

SEX OF CHILD* <u>F</u>	Twin Triplet or other?	{ and }	Number in order of birth
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DATE OF BIRTH* Feb 6 27
(Month) (Day) (Year)

FULL NAME Eudaldo Torre
FATHER

FULL MAIDEN NAME Mercedes Montañez
MOTHER

I HEREBY CERTIFY that the child described herein has been named

Francisca Felicia Torre
(Give name in full) (Surname)

Eudaldo Torre
(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-8-42-Bower Co.

639-206-416