

MARGIN RESERVED FOR BINDING

This supplemental report is to be pasted beneath the original.

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

Serial # 67  
134

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

SUPPLEMENTARY REPORT OF BIRTH

Local Registrar's No.\*.....

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

SEX OF CHILD\* { Twin } and { Number\* }  
                  { Triplet }            { in order }  
                  { or other? }            { of birth }

female

I HEREBY CERTIFY that the child described herein has been named

Francisca Mendez Villarrial

DATE OF BIRTH\* March 9 1927  
(Month) (Day) (Year)

(Give name in full)

(Surname)

FULL\* FATHER  
NAME Mike Villarrial

X Francisca Villarrial  
(Father's or Mother's Signature)

FULL\* MOTHER  
MAIDEN NAME Maria Mendez

T. C. Harper  
(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.

653-309-449