ARIZONA STATE BOARD OF HEALTH Vol. 4-27 # 137

BUREAU OF VITAL STATISTICS

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

SUPPLEMENTARY REPORT OF BIRTH County Registrar's No.* 80

Place of Birth (Registration District) Globe County Gila No. Ruiz Canyon St.

SEX OF CHILD*	Twin Triplet or other?	and	Number* in order of birth
Female			

DATE OF BIRTH* April 6th (Month) (Day) 1927 (Year)

FULL* NAME — FATHER Elevorio Torres

FULL* MAIDEN NAME — MOTHER Lenore Norguerra

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

I HEREBY CERTIFY that the child described herein has been named

Naomi (Give name in full) Torres (Surname)

Leonore S. Torres (Parent's signature) in ink

W. W. Horst. M.D (Signature of Physician or Midwife)

Blank supplemental reports of birth may be obtained from the local registrar.
Local registrars must mail supplemental reports immediately to county registrar. County registrars must mail with original certificate on tenth day of following month.

Note - Last letter is S in Torres.

439-406-371

Supplementary report must be returned within 15 days