

MARGIN RESERVED FOR BINDING
USE PERMANENT INK

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. *170

Place of Birth Miami County Gila No. 536 Chisholm Ave
(Registration District)

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

I HEREBY CERTIFY that the child described
herein has been named

DATE OF BIRTH* April 18 1927
(Month) (Day) (Year)

Elvira Jimenez
(Give name in full) (Surname)

FULL NAME FATHER Guadalupe Jimenez
FULL MAIDEN NAME MOTHER Celsa Camargo

Celsa Jimenez
(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 11-41 A.P.

519-418-336