USE PERMANENT INK

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.* 195

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

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

SEX OF CHILD*	Twin Triplet or other?	and	Number in order of birth
female	no		

DATE OF BIRTH* MAY 27, 1927 (Month) (Day) (Year)

FULL* NAME FATHER Modesto Rubio Monarrez

FULL* MAIDEN NAME MOTHER Valentina Vasques Lopez

I HEREBY CERTIFY that the child described herein has been named

~~CELIA MONARREZ~~ (Celia Lopez Monarrez

(Give name in full) (Surname)

Valentina L. Monarrez (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 10-1-43—S.P.Co.

349-527-539