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.* 19

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

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

DATE OF BIRTH* May 27 1927 (Month) (Day) (Year)

FULL NAME FATHER Eliseo Escarcega

FULL MAIDEN NAME MOTHER Maria Mendez

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

I HEREBY CERTIFY that the child described herein has been named

Juana Celia Escarcega (Give name in full) (Surname)

Eliseo Escarcega (Parent's Signature)

(Signature of Physician or Midwife)

Blank supplemental reports of birth may be obtained from the local registrar.

10M—8-42—Bower Co.

151-527-4149