

MARGIN RESERVED FOR BINDING
This supplemental report is to be pasted
beneath the original.

5M 8-18-35

ARIZONA STATE BOARD OF HEALTH
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. * 173

Place of Birth Miami City, County Pima No. 173 St. Sullivan
(Registration District)

SEX OF CHILD* <u>boy</u>	Twin Triplet or other?	and	Number* in order of birth <u>1</u>
DATE OF BIRTH* <u>July 16-1927</u>	(Month)	(Day)	(Year)

I HEREBY CERTIFY that the child described herein has
been named

Carmen Villegas
(Give name in full) (Surname)

FULL NAME: Jose Villegas FATHER
FULL MAIDEN NAME: Magdalena Garcia MOTHER

Jose Villegas
(Parent's Signature)

Dr. Mary O. Lee
(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

Form X

352-716-471