ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

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

Local Registrar's No.*

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

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

DATE OF BIRTH* July 30 1927 (Month) (Day) 192 (Year)

FULL* NAME FATHER Sotero arra

FULL* MAIDEN NAME MOTHER Domings Zuniga

I HEREBY CERTIFY that the child described herein has been named Ignacia Lorenza Ybarra (Given name in full) (Surname)

(Father's or Mother's Signature)

T. C. Harper (Signature of Physician or Midwife)

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

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

Local registrars must send supplemental reports immediately to state registrar.

PLEASE WRITE PLAIN AND IN INK.

SEP 12 1927

Ans. File