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.* 132

Place of Birth Globe (Registration District) County Gila No. Division & Maple St.

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

DATE OF BIRTH* August (Month) 7 (Day) 1927 (Year)

FULL* NAME FATHER Pablo L. Carrasco

FULL* MAIDEN NAME MOTHER Rosa Lopez

I HEREBY CERTIFY that the child described herein has been named

Leonora Olivia Carrasco
(Give name in full) (Surname)

Mrs R L Carrasco
(Parent's Signature)

deceased
(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.

336-807-937

RECEIVED
SEP 12 19
Ans