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.* 152 # 15

Place of Birth (Registration District) GLOBE, ARIZ County GILA No. RUIZ CANYON St.

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

DATE OF BIRTH* NOVEMBER 21, 1927 (Month) (Day) (Year)

FULL NAME	FATHER	SOLOMON VALLE
FULL MAIDEN NAME	MOTHER	REFUGIO MARTINEZ

*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.

5M 5/20/41

I HEREBY CERTIFY that the child described herein has been named

GLORIA MAE (Give name in full) VALLE (Surname)

Mrs Refugio Valle (Parent's Signature)

Solomon Valle (Signature of Physician or Midwife)

Dr. Kennedy Deceased

753-1121-949

RECEIVED DEC 13 1927

Ans File