

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.*

Place of Birth Parthenville County Cochise No. 23 grass St.

(Registration District)

SEX OF CHILD*	Twin Triplet or other?	and	Number in order of birth
<u>Female</u>			

I HEREBY CERTIFY that the child described herein has been named

DATE OF BIRTH* Dec. 29 1927
(Month) (Day) (Year)

Ulda Oguita
(Give name in full) (Surname)

FULL NAME FATHER Rafael Oguita

para Oguita
(Parent's Signature)

FULL MAIDEN NAME MOTHER Sara Oguita

H. J. Tuttle M.D.
(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.

5M 5/20/41

661-1229-261