156

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.*.....

Place of Birth Miami, Ariz. County Gila No. ..... St.
(Registration District)

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

DATE OF BIRTH* February 3 1930
(Month) (Day) (Year)

FULL NAME FATHER Angel Villa Lobos

FULL MAIDEN NAME MOTHER Desideria Aguirre

I HEREBY CERTIFY that the child described herein has been named

Lila Villa Lobos
(Give name in full) (Surname)

Desideria Aguirre
(Parent's Signature)

(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—8-42—Bower Co.

352-203-415

Received MAR 10 1930 State Board of Health