MARGIN RESERVED FOR BINDING

This supplemental report is to be pasted beneath the original.

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

Local Registrar's No.* 2-4

Place of Birth (Registration District) HAYDEN County GILA No. ..... St.

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

DATE OF BIRTH* MARCH (Month) 17 (Day) 1970 (Year)

FULL* NAME FATHER: IGNACIO ORTIZ

FULL* MAIDEN NAME MOTHER: BRISIDA BRAVO

*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. Local registrars must mail supplemental reports immediately to state registrar.

I HEREBY CERTIFY that the child described herein has been named

ISA ORTIZ
(Given name in full) (Surname)

Brijida B. Ortiz
(Father's or Mother's Signature)

(Signature of Physician or Midwife)

PLEASE WRITE PLAIN AND IN INK.

969 - 317 - 226