

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

208

(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 County Gila No. Turkey Shoot Canyon St
(Registration District)

SEX OF CHILD*	Twin } Triplet } or other?	and }	Number in order of birth
Female			1

I HEREBY CERTIFY that the child described hereir has been named

DATE OF BIRTH* MARCH 30, 1930
(Month) (Day) (Year)

MARIA CONSUELO ZAMORA

(Give name in full)

(Surname)

FULL NAME Juan Zamora
FATHER

Juan Zamora
(Parent's Signature)

FULL MAIDEN NAME Gregoria Esparza
MOTHER

(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.

491-320-771



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ARIZONA STATE BOARD OF HEALTH