

MARGIN RESERVED FOR BINDING
USE PERMANENT INK

ARIZONA STATE DEPARTMENT OF HEALTH

160

(This return should preferably be made
by the person who made the original)

DIVISION OF VITAL STATISTICS

County Registrar's No.*.....

SUPPLEMENTARY REPORT OF BIRTH

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

SEX OF CHILD* Female	Twin Triplet or other?	{ and }	Number in order of birth
DATE OF BIRTH* June 9 1930 (Month) (Day) (Year)			
FULL NAME / Aristeo Echeveste		FATHER	
FULL MAIDEN NAME Ramona Padilla		MOTHER	

I HEREBY CERTIFY that the child described
herein has been named

Balbina Echeveste

(Give name in full) (Surname)

Ramona Echeveste
(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.

255-609-971