

MARGIN RESERVED FOR BINDING
USE PERMANENT INK

~~203~~ 203

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** County **Gila** No. St.
(Registration District)

SEX OF CHILD* Female	Twin Triplet or other?	and	Number in order of birth
DATE OF BIRTH* August 30 1930 (Month) (Day) (Year)			
FULL* NAME Bonifacio Rubalcava		FATHER	
FULL* MAIDEN NAME Mercedes Villareal		MOTHER	

I HEREBY CERTIFY that the child described herein
has been named

AMALIA RUBALCAVA

(Give name in full) (Surname)

Mercedes Horcasitas
(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 10-1-48-S.P.Co.

191-830-453