3 5M 8-16-35

his return should preferably be made
the person who made the original)

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

165

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

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

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

' OF BIRTH* May 11th 23 (Month) (Day) 193 0 (Year)

FATHER

E Ygnacio Mendoza

L* IDEN ME MOTHER Maria Licenda Muni

*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.

Form X

I HEREBY CERTIFY that the child described herein has been named

FLORA MENDOZA
(Give name in full) (Surname)

Ygnacio Mendoza
(Parent's Signature)

(Signature of Physician or Midwife)

641-1123-1948