ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

urn should preferably be made
erson who made the original)

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.* 1190

of Birth Winkelman County Gila No. ..... St.
gistration District)

CHILD* ale	Twin Triplet or other?	and	Number in order of birth
F. BIRTH* Nov. (Month)	24 (Day)	1930 (Year)	
FATHER Francisco A. Bonillas			
MOTHER Josefa P. Padilla			

I HEREBY CERTIFY that the child described herein has been named

Teresita P. Bonillas (Give name in full) ~~Teresa~~ (Surname)

Josefa P. Bonillas (Parent's Signature)

Charles B. Heck (Signature of Physician or Midwife)

items to be entered by the local registrar before giving out this form.

k supplemental reports of birth may be obtained from the local registrar.

10M 1-45

322-1124-171