

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
 BARBARA CHRISTIAN OF BIRTH

PLACE OF BIRTH

State File No.  
 Registered No.

State  
 County  
 Township  
 City

By  
 (Signature)  
 (Name)  
 (Address)

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH County Registrar's No. \* 174

Return should preferably be made  
 by the person who made the original

Place of Birth Miami County Gila No. \_\_\_\_\_ St.

|                |                         |           |             |   |                                |
|----------------|-------------------------|-----------|-------------|---|--------------------------------|
| SEX OF CHILD*  | Twin                    | }         | and         | } | Number<br>in order<br>of birth |
|                | Triplet<br>or other?    |           |             |   |                                |
| <u>Female</u>  |                         |           |             |   |                                |
| DATE OF BIRTH* | <u>November</u>         | <u>25</u> | <u>1930</u> |   |                                |
|                | (Month)                 | (Day)     | (Year)      |   |                                |
| FATHER         | <u>Eliseo Escarsega</u> |           |             |   |                                |
| MOTHER         | <u>Maria Mendez</u>     |           |             |   |                                |

I HEREBY CERTIFY that the child described herein  
 has been named

Catalina Escarsega  
 (Give name in full) (Surname)

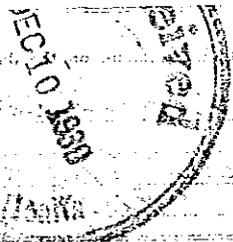
Eliseo Escarsega  
 (Parent's Signature)

(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 1-45

351-1125-449



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1-26-79-A 37948