ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.* 130

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

Place of Birth Miami County Gila No. 48- Labor Canon St.
(Registration District)

SEX OF CHILD* F | Twin Triplet or other? 1 and 3 | Number in order of birth

DATE OF BIRTH* Jan (Month) 5 (Day) 1931 (Year)

FULL* NAME FATHER Narciso Esparza

FULL* MAIDEN NAME MOTHER Aniceta Guevano

I HEREBY CERTIFY that the child described herein has been named

Maria Telesfora Esparza (Surname)
(Give name in full)

+ Narciso Esparza (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.

451-105-136

10M 10-1-48--S.P.Co.

State Board of Health
10 1931