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.* ~~499~~

Place of Birth Miami Ariz. County Gila No. 99 Read Spring Canyon St.
(Registration District)

SEX OF CHILD*	Twin Triplet or other?	and	Number in order of birth
female	—		1

DATE OF BIRTH* February (Month) 21 (Day) 1931 (Year)

FATHER

FULL NAME Juan A Reyes

MOTHER

FULL* MAIDEN NAME Paula Martinez

I HEREBY CERTIFY that the child described herein has been named

Maria Gloria Reyes
(Give name in full) (Surname)

Paula M. Reyes
(Parent's Signature)

C. M. Crum
(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 11-41 A.P.

492-321-749