Registrial No. 46

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.* 00-130

Place of Birth Globe, Ariz. County Gila County No. ..... St.
(Registration District)

SEX OF CHILD*	Twin Triplet or other†	and	Number in order of birth
Fem			

DATE OF BIRTH* Feb. (Month) 22 (Day) ~~1932~~ 1931 (Year)

FULL NAME — FATHER: Juan Vasquez

FULL MAIDEN NAME — MOTHER: Maria Guerona

I HEREBY CERTIFY that the child described herein has been named

Margaret (Give name in full) Vasquez (Surname)

Mrs Mary Vasquez (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—8-42—Bower Co.

459-222-471