124

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.*.....

Place of Birth Hayden (Registration District) County Gila No. ..... St.

SEX OF CHILD*	Twin Triplet or other?	and	Number in order of birth
Female			

DATE OF BIRTH* March 17 1931 (Month) (Day) (Year)

FULL NAME FATHER Bacilio Esquivel

FULL MAIDEN NAME MOTHER Concepcion Leon

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

I HEREBY CERTIFY that the child described herein has been named

PATRICIA ESQUIVEL
(Give name in full) (Surname)

Concepción Leon
(Parent's Signature)

(Signature of Physician or Midwife)

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

M 10-1-43—S.P.Co.

753-317-335