MARGIN RESERVED FOR BINDING

USE PERMANENT INK

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. 22 142

Place of Birth Miami, Ariz. County ..... No. Live Oak Canyon St.
(Registration District)

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

DATE OF BIRTH APRIL 26, 1931
(Month) (Day) (Year)

FULL NAME FATHER Juan Gutierrez

FULL* MAIDEN NAME MOTHER Rafaela Jiménez de G.

I HEREBY CERTIFY that the child described herein has been named

AURORA GUTIERREZ JIMENEZ
(Give name in full) (Surname)

Rafaela J. Gutierrez Juan Gutierrez
(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 10-1-48 S.P.Co.

119-424-919