MARGIN RESERVED FOR BINDING
USE PERMANENT INK

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.* 100

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

Place of Birth Globe Arizona County Gila No. 846 South 4th St.
(Registration District)

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

DATE OF BIRTH* July 11 1931
(Month) (Day) (Year)

FULL NAME FATHER Jose Angel Carrillo

FULL MAIDEN NAME MOTHER Alta Gracia Saing

I HEREBY CERTIFY that the child described herein has been named

Lorenzo Luis Carrillo
(Give name in full) (Surname)

Alta Gracia Carrillo
(Parent's Signature)

(Signature of Physician or Midwife)

*Those 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-[illegible] A.P.

336-711-129