MARGIN RESERVED FOR BINDING

This supplemental report is to be pasted beneath the original.

3 5M 8-16-35

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

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

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.* 1

Place of Birth Globe, Ariz. County Gila No. St

(Registration District)

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

DATE OF BIRTH* July (Month) 24 (Day) 1931 (Year)

FULL NAME — FATHER: Julian Ornelas.

FULL MAIDEN NAME — MOTHER: Dolores Solis.

*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.

I HEREBY CERTIFY that the child described herein has been named

Cristina Ornelas.
(Give name in full) (Surname)

Julian Ornelas
(Parent's Signature)

(Signature of Physician or Midwife)

362-724-422