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.* 124A

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

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

DATE OF BIRTH* November 18, 1931 (Month) (Day) (Year)

FULL* NAME — FATHER: Jesus Gomez

FULL* MAIDEN NAME — MOTHER: Manuella Santellanes

I HEREBY CERTIFY that the child described herein has been named

Alicia Gomez (Give name in full) (Surname)

Rosa Santellanes (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 1-45

179-1118-422

MARGIN RESERVED FOR USE OF PERMANENT INK