84

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.*.....

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

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

DATE OF BIRTH* Dec 7 1931 (Month) (Day) (Year)

FULL NAME FATHER Manuel Raigosa

FULL MAIDEN NAME MOTHER Carmen Lomeli

I HEREBY CERTIFY that the child described herein has been named

Elena Raigosa
(Give name in full) (Surname)

Manuel Raigosa
(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—8-42—Bower Co.

591-1207-339