113

MARGIN RESERVED FOR BINDING
USE PERMANENT INK

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.*.....

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

Place of Birth (Registration District) MIAMI County GILA No. ..... St.

SEX OF CHILD* FEMALE	Twin Triplet or other?	and	Number in order of birth
DATE OF BIRTH* APRIL (Month) 25 (Day) 1932 (Year)			
FULL* NAME	FATHER FRANCISCO F. JIMENEZ		
FULL* MAIDEN NAME	MOTHER MARIA TORRES		

I HEREBY CERTIFY that the child described herein has been named

AURORA T. JIMENEZ (Surname)
(Give name in full)

Mary J. Gonzales
(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

119-125-432