MARGIN RESERVED FOR BINDING
USE PERMANENT INK

1916

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

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

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

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

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

DATE OF BIRTH* May 17 - 32 (Month) (Day) (Year)

FULL NAME FATHER Jesus Torres

FULL* MAIDEN NAME MOTHER Estela Rodriguez

I HEREBY CERTIFY that the child described herein has been named

Rodolfo R. Torres
(Give name in full) (Surname)

Jesus Torres
(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.

932-517-599