93C

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

...turn should preferably be made ...son who made the original)

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

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

SEX OF CHILD*	Twin Triplet or other?	and	Number* in order of birth
Fe Ac			

BIRTH* June (Month) 20th (Day), 1932 (Year)

FATHER
Jesus Mendoza

MOTHER
Eloisa Loya

I HEREBY CERTIFY that the child described herein has been named

Dorina (Give name in full) Mendoza (Surname)

Eloisa Loya (Parent's Signature)

Dr. N (Signature of Physician or Midwife)

...se items to be entered by the local registrar before giving out this form.

...supplemental reports of birth may be obtained from the local registrar.

441-620-531