MARGIN RESERVED FOR BINDING
USE PERMANENT INK

41613

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.* 618

Place of Birth (Registration District) Miami - Ariz County Gila No. 11 Miami Ave. St.

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

DATE OF BIRTH* OCTOBER 7, 1933 (Month) (Day) (Year)

FATHER

FULL NAME Jose Gutierrez

MOTHER

FULL* MAIDEN NAME Maria Barba

I HEREBY CERTIFY that the child described herein has been named

MARY ELLEN BARBA GUTIERREZ

(Give name in full) (Surname)

Maria B Gutierrez

(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 10-1-43—S.F.Co.

479-1007-421