658751

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.* 117

Place of Birth (Registration District) ARIZONA County PINAL No. WINKLEMAN St.

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

DATE OF BIRTH* DECEMBER 19 1933 (Month) (Day) (Year)

FULL* NAME FATHER Frank Burrell

FULL* MAIDEN NAME MOTHER GREGORIA Corralez

I HEREBY CERTIFY that the child described herein has been named

Francis Corralez (Give name in full) (Surname)

Gregoria Corralez (Parent's Signature)

GREGORIA Corralez (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.

KM 1-45

639-1219-739

JAN 6 1934

Arizona State Board of Health