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MARGIN RESERVED FOR BINDING
USE PERMANENT INK

ARIZONA STATE BOARD OF HEALTH

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

BUREAU OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.*

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

SEX OF CHILD*	Twin Triplet or other?	and	Number in order of birth
Female			16

DATE OF BIRTH* February (Month) 9 (Day) 1909 (Year)

FULL NAME FATHER: Francisco Martinez Ortiz

FULL* MADEN NAME MOTHER: Angelita Garcia Urias

I HEREBY CERTIFY that the child described herein has been named

Isabel Urias (Give name in full) Ortiz (Surname)

Mrs. Angelita Urias Ortiz (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.

5M 520/41

901-201-1112