1950

MARGIN RESERVED FOR BINDING
USE PERMANENT INK

6011

ARIZONA STATE DEPARTMENT OF HEALTH

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

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.* 118

Place of Birth Globe (Registration District) County Gila No. Don't Remember St.

OF CHILD*	Twin Triplet or other?	and	Number in order of birth
Girl			2nd Child

DATE OF BIRTH* May (Month) 24 (Day) 1913 (Year)

FATHER'S NAME Germonio Rodriguez

MOTHER'S MAIDEN NAME Angelita Longuiano

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

I HEREBY CERTIFY that the child described herein has been named

Mary Lupe Rodriguez
(Give name in full) (Surname)

Angelita Rodriguez
(Parent's Signature)

(Signature of Physician or Midwife)

Blank supplemental reports of birth may be obtained from the local registrar.
8-42—Bower Co.

499-524-116