

MARGIN RESERVED FOR BINDING  
USE PERMANENT INK

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.\*.....  
Place of Birth Florence County Pinal No..... St.

SEX OF CHILD*	Twin Triplet or other?	}	and	}	Number in order of birth
DATE OF BIRTH*	<u>December 28</u>				<u>1913</u>
FULL NAME	FATHER <u>Antonio R. Sigala</u>				
FULL MAIDEN NAME	MOTHER <u>Carmen Ramirez Sigala</u>				

I HEREBY CERTIFY that the child described herein has been named

Maria Amparo Sigala  
(Give name in full) (Surname)

J. R. Freese  
(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 1-45

421-1228-399