

2361

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. \* 1151

Place of Birth MIAMI ARIZONA County GILA No. 453 ROSE ROAD St.  
(Registration District)

SEX OF CHILD\* MALE Twin Triplet or other? } and { Number in order of birth

I HEREBY CERTIFY that the child described herein has been named

DATE OF BIRTH\* MAY 31 1984  
(Month) (Day) (Year)

JOSEPH CLARK TORRES  
(Give name in full) (Surname)

FATHER  
FULL NAME RAFAEL TORRES

Beatrice Yslas Tyler  
(Parent's Signature)

MOTHER  
FULL NAME BEATRICE YSLAS

(Dr. Snyder - Deceased)  
(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.  
M 11-41 A.P.

132-531-282