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Form No. 7 2m 7-15-09

ARIZONA TERRITORIAL BOARD OF HEALTH BUREAU OF VITAL STATISTICS

(No return should preferably be made
the person who made the original.)

SUPPLEMENTARY REPORT OF BIRTH

Local Register No.

Place of birth Miami, Arizona. No. St.
(Registration district)

SEX OF CHILD * Female	Twin * Triplet, or other?	and	Number *
			in order of birth
DATE OF BIRTH * <u>March 18th,</u> 19 <u>15</u>			
(Month) (Day) (Year)			
FATHER			
<u>Jose Ortega</u>			
MOTHER			
<u>Emilia Jimenez</u>			

I HEREBY CERTIFY that the child described herein

has been named

Attagracia Ortega
(Given name in full) (Surname)

(Signature) Jose Ortega

(Physician or Midwife)

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

Blank supplemental reports of births may be obtained from the local registrar.

Local registrars must mail supplemental reports immediately to county registrar. County registrars must mail with original certificate on each day of following month.

161-318-539