

21112

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. \*105

Place of Birth Globe County Gila No. \_\_\_\_\_ St. \_\_\_\_\_

SEX OF CHILD*	Twin Triplet or other?	}	and	{	Number in order of birth
Female					
DATE OF BIRTH* <u>Oct.</u> <u>8.</u> <u>1916</u>					
		(Month)	(Day)	(Year)	
FULL* NAME	FATHER				
	<u>Elutero Gamina</u>				
FULL* MAIDEN NAME	MOTHER				
	<u>Isidora Mojica</u>				

I HEREBY CERTIFY that the child described herein has been named

Maria Gamina  
(Give name in full) (Surname)

Elutero Gamina  
(Parent's Signature)

Father  
(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 12-46

471-1008-941