4733

RATE RETURN must be made for each, ...
r of birth, stated.

1. Cou
Distric
Town
or
City of

2. Full

3. Sex
child
femal

8.
Full
name

ARIZONA STATE BOARD OF HEALTH

BUREAU 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 Miami Ariz County Gila No. 69 Mex Canyon
(Registration District)

SEX OF CHILD* Female | Twin Triplet or other? | and | Number in order of birth

DATE OF BIRTH* Sept (Month) 3rd (Day) 1922 (Year)

FULL* NAME FATHER A Bouquet

FULL* MAIDEN NAME MOTHER Refugio Acosta

I HEREBY CERTIFY that the child described herein has been named

Esther Lilly Bouquet
(Give name in full) (Surname)

y Acosta A Bouquet
(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.

5M 7/11/40

523-203-911