

*Dolores*

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

County Registrar's No. *1111*

(This return should preferably be made by the person who made the original)

SUPPLEMENTARY REPORT OF BIRTH

Place of Birth *Miami* County *Arizona* No. \_\_\_\_\_ St. \_\_\_\_\_

SEX OF CHILD	Twin Triplet or other?	and	Number in order of birth
<i>Female</i>			

I HEREBY CERTIFY that the child described herein has been named

DATE OF BIRTH *January, 15, 1923*  
(Month) (Day) (Year)

*Dolores Escobedo*  
(Give name in full) (Surname)

FATHER  
FULL NAME *Leofas Escobedo*

*Josefa Hernandez*  
(Parent's Signature)

MOTHER  
FULL NAME *Josefa Niebla*

(Signature of Physician or Midwife)

These items to be entered by the local registrar before giving out this *Subscribed and sworn to before me this*

Blank supplemental reports of birth may be obtained from the local registrar *24th* day of *Nov*, 19*41*

7/11/40

*456-115-151*

*For O. Lopez* Notary Public

My Commission Expires August 17, 194*0* AND FOR THE COUNTY OF LOS ANGELES, STATE OF CALIFORNIA