

State File No. 155, Gila Co.

ARIZONA STATE BOARD OF HEALTH

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

BUREAU OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No. *

Place of Birth Winkelman
(Registration District)

County Gila

No. _____

St. _____

SEX OF CHILD* Female Twin Triplet or other 1 } and } Number in order of birth 2nd

I HEREBY CERTIFY that the child described herein has been named

DATE OF BIRTH* February 28, 1923
(Month) (Day) (Year)

Mrs. Elisa Margarita Monreal
(Give name in full) (Surname)

FULL NAME FATHER
Vicente Sorzano Monreal

Maria Louisa Monreal
(Parent's Signature)

FULL MAIDEN NAME MOTHER
Margarita Cruz Martinez

(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.
SM 5/20/41

543-228-447