122

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.* 148

s return shou ferably be made
he person w e the original)

Place of Bir Lobe, Arizona County Gila No. St.
(Registration t)

OF CHILD* Fem. | win riplet r other? | and | Number* in order of birth

TE OF BIRTI March 1, 19 23
(Month) (Day) (Year)

FATHER
L* ME Tranquilino Ozaeta

MOTHER
L* IDEN ME Antonia Ramos

I HEREBY CERTIFY that the child described herein has been named

Ortensia Ozaeta
(Give name in full) (Surname)

Antonia Ramos
(Parent's Signature)

(Signature of Physician or Midwife)

*These ite e entered by the local registrar before giving out this form.

Blank sup al reports of birth may be obtained from the local registrar.

6-1-38

661-301-192