

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. * 149

Place of Birth Buis Canyon County Gila No. Globe St.

| | | | | | |
|------------------|----------------------------------|---|-----------|---|--------------------------------|
| SEX OF CHILD* | Twin Triplet or other? | } | and | } | Number in order of birth |
| DATE OF BIRTH* | <u>3</u> | | <u>13</u> | | <u>1923</u> |
| | (Month) | | (Day) | | (Year) |
| FULL NAME | FATHER <u>CASIMIRO GUERRA</u> | | | | |
| FULL MAIDEN NAME | MOTHER <u>CASIMIRA AGUIAR</u> | | | | |

I HEREBY CERTIFY that the child described herein
 has been named

Maria Abundia Guerra
 (Give name in full) (Surname)

(Parent's Signature)

ALVIN KIRMSE, D.M.
 (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.