3 5M 5-1-31

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 Globe (Registration District) County Gila No. Buena Vista St.

SEX OF CHILD*	Twin Triplet or other?	and	Number* in order of birth
Girl			2

DATE OF BIRTH* May (Month) 17 (Day) 1923 ~~1903~~ (Year)

FATHER

FULL* NAME Pedro Ybarra

MOTHER

FULL* MAIDEN NAME Maria Dominga Zuniga

*These items to be entered by the local registrar before giving out this form.

I HEREBY CERTIFY that the child described herein has been named

Pascual YBARRA
(Give name in full) (Surname)

Maria Dominga Zuniga
(Parent's Signature)

(Signature of Physician or Midwife)

Blank supplemental reports of birth may be obtained from the local registrar.
Local registrars must mail supplemental reports immediately to county registrar. County registrars must mail with original certificate on tenth day of following month.

781-517-491