

990

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 Miami, Arizona County Gila No. \_\_\_\_\_ St. \_\_\_\_\_  
(Registration District)

SEX OF CHILD Female Twin Triplet or other? \_\_\_\_\_ and \_\_\_\_\_ Number\* in order of birth \_\_\_\_\_

DATE OF BIRTH\* July 16, 1923  
(Month) (Day) (Year)

FATHER  
JLL\* Fortunato Apodaca  
AME

MOTHER  
JLL\* Jesus Corral  
AME

I HEREBY CERTIFY that the child described herein has been named

Petra Apodaca  
(Give name in full) (Surname)

Fortunato Apodaca  
(Parent's Signature)

(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.

4 6-1-38

711-716-133