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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.*

Place of Birth Globe
(Registration District)

County Gila

No. St.

SEX OF CHILD*	Twin Triplet or other?	and	Number in order of birth
<u>Male</u>			

I HEREBY CERTIFY that the child described herein has been named

DATE OF BIRTH* July 28 1923
(Month) (Day) (Year)

ERNESTO BONILLA

(Give name in full) (Surname)

FULL* FATHER
NAME Caspar Bonilla

Ernesto Bonilla
(Parent's Signature)

Verified from Baptismal Record.

FULL* MOTHER
MAIDEN NAME Escolastica Mendosa

(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.
10M 10-1-42-S.P.Co.

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521-729-541