183

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.* 126 — 1

(This return should preferably be made by the person who made the original)

Place of Birth Miami County Gila No. ..... St.
(Registration District)

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

DATE OF BIRTH* Sept. 11 - 1923
(Month) (Day) (Year)

FULL NAME — FATHER: Agustin Monarrez

FULL MAIDEN NAME — MOTHER: Mercedes Ramos

I HEREBY CERTIFY that the child described herein has been named

Vicenta Monarrez
(Give name in full) (Surname)

x Mercedes R Monarrez
(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.

5M 6/20/41

549-911-492

File

RECEIVED
OCT 13 1923