

18 15

ARIZONA STATE BOARD OF HEALTH

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

BUREAU OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No. * 119

Place of Birth Miami County Dila No. _____ St. _____

SEX OF CHILD* Female Female Male or other and Number in order of birth 1

I HEREBY CERTIFY that the child described herein has been named

DATE OF BIRTH* November 3, 1923
(Month) (Day) (Year)

Rachel Quintana
(Give name in full) (Surname)

FULL NAME Manuel Quintana
FATHER

Gertrude Quintana
(Parent's Signature)

FULL MAIDEN NAME Gertrude Mercedes Quintana
MOTHER

(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.
SM 5/20/41

981-1103-745