1890

1872

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 Copper Hill County Gila No. ..... St.
(Registration District)

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

DATE OF BIRTH* November 25, 1923
(Month) (Day) (Year)

FULL* NAME — FATHER: Jose Maria Flores

FULL* MAIDEN NAME — MOTHER: Maria Garcia Flores

I HEREBY CERTIFY that the child described herein has been named

Carmelita Flores
(Give name in full) (Surname)

x Maria G. Flores
(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.

10M 10-1-42—S.P.Co.

362-1125-471