JAN 31 1948

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

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

County Registrar's No.* 144

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

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

DATE OF BIRTH* January (Month) 14 (Day) 1924 (Year)

FULL NAME — FATHER: Martin Gonzales

FULL* MAIDEN NAME — MOTHER: Cristina Gonzales

*These items to be entered by the local registrar before giving out this form.

I HEREBY CERTIFY that the child described herein has been named

Soledad Hilaria (Give name in full) Gonzales (Surname)

Eulogia Gonzales Espinoza (Parent's Signature) sister

(Signature of Physician or Midwife)

Blank supplemental reports of birth may be obtained from the local registrar.

10M 10-1-42—S.P.Co.

272-114-372