[redacted]

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.* 174

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

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

DATE OF BIRTH* Jan. (Month) 25 (Day) 1924 (Year)

FULL NAME	FATHER Juan Sifuentes
FULL* MAIDEN NAME	MOTHER Rafaela Villalobos

I HEREBY CERTIFY that the child described herein has been named

Pabla Villalobos Sifuentes
(Give name in full) (Surname)

Information ~~taken from Delayed Certificate~~.
(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—8-42—Bower Co.

722 -125 - 952