

21151

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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 Globe County Gila No. St.
(Registration District)

SEX OF CHILD*	Twin Triplet or other?	{	and	}	Number in order of birth
<u>Female</u>					
DATE OF BIRTH* <u>9-10-1924</u>					
		(Month)	(Day)	(Year)	
FULL NAME	FATHER				
<u>Elisardo Ordóñez</u>					
FULL MAIDEN NAME	MOTHER				
<u>Petronila Cortez</u>					

I HEREBY CERTIFY that the child described herein has been named

Sylvia Ordóñez
(Give name in full) (Surname)
Carlos Manuel Ordóñez
brothers (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.

269-310-731