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.*.....

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

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

DATE OF BIRTH April (Month) 15 (Day) 1924 (Year)

FULL NAME FATHER Anastacio Arellano

FULL* MAIDEN NAME MOTHER Esther Vargas

I HEREBY CERTIFY that the child described herein has been named

Lillian (Give name in full) Arellano (Surname)

Esther V Robles Mother (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.

316-415-552