MARGIN RESERVED FOR BINDING

USE PERMANENT INK

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

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

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.* 160

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

SEX OF CHILD* Male — Twin Triplet or other? } and } Number in order of birth 1

DATE OF BIRTH* April (Month) 19 (Day) 24 (Year)

FULL NAME FATHER Ignacio Ortez Sr.

FULL* MAIDEN NAME MOTHER Petra Gonzales.

I HEREBY CERTIFY that the child described herein has been named

Ignacio Gonzales Ortez
(Give name in full) (Surname)

Petra Gonzales Ortez
(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.

I 5/20/41

969-49-772