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ARIZONA STATE DEPARTMENT OF HEALTH

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

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No. * 187

Place of Birth Globe
(Registration District)

County Gila

No. Quig Canyon St.

SEX OF CHILD* <u>Female</u>	Twin Triplet or other?	and	Number in order of birth
DATE OF BIRTH* <u>April 28 1924</u>	(Month)	(Day)	(Year)
FULL NAME <u>Casimiro</u>	FATHER <u>Guerra</u>		
FULL MAIDEN NAME <u>Casimira</u>	MOTHER <u>Aguilar</u>		

I HEREBY CERTIFY that the child described herein has been named

Elena Guerra
(Give name in full) (Surname)
last name

(Parent's Signature)

Casimira A. Guerra
(Signature of Physician or Midwife)

Dr. W. W. Forst

*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 11-41 A.P.

571-428-319