1131

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.* 167

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

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

DATE OF BIRTH* May (Month) 27 (Day) 1924 (Year)

FULL NAME — FATHER: Antonio Aguilar

FULL* MAIDEN NAME — MOTHER: Apolonia Pulido

I HEREBY CERTIFY that the child described herein has been named

ARNULFO (Give name in full) AGUILAR (Surname)

her Mark Apolonia Pulido Aguilar (Parent's Signature)

her Mark Apolonia Pulido Aguilar (Signature of Physician or Midwife)

Witness to Mark, Jose M. Rios

*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 10-1-43—S.P.Co.

119-527-176