1925

115

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.*.....

Place of Birth Globe, Arizona (Registration District) County Gila No. Camp Globe Hwy. 60 & 10 St.

SEX OF CHILD* Female	Twin / Triplet / or other? } and { Number in order of birth 1
DATE OF BIRTH* June (Month) 3 (Day) 1924 (Year)	
FULL NAME	FATHER Daniel Orday
FULL* MAIDEN NAME	MOTHER Rosario Franco

I HEREBY CERTIFY that the child described herein has been named

Clotilde Franco Orday
(Give name in full) (Surname)

Rosario Franco x
(Parent's Signature)

Dr. Horse — Deceased
(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 10-1-43—S.P.Co.

369-603-966