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. 129-a

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

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

DATE OF BIRTH* June 8 - 1924 (Month) (Day) (Year)

FULL NAME FATHER Catalino Vasquez

FULL* MAIDEN NAME MOTHER Memencia Marquez

I HEREBY CERTIFY that the child described herein has been named

Margarita Vasquez (Give name in full) (Surname)

..... (Parent's Signature)

Aurora Espinosa (Signature of Physician or Midwife) (Seattle)

*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.

459-608-449