

14811

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

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

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No. 151

Place of Birth Miami, Ariz. County Dala No. _____ St. _____

SEX OF CHILD*	Twin Triplet or other?	<u>Single</u> and	Number in order of birth
<u>Female</u>			
DATE OF BIRTH*	<u>June</u> (Month)	<u>14</u> (Day)	<u>1924</u> (Year)
FULL* NAME	FATHER <u>Jesus De la Torre</u>		
FULL* MAIDEN NAME	MOTHER <u>Rosa Javela</u>		

I HEREBY CERTIFY that the child described herein has been named

Basilio De la Torre
(Give name in full) (Surname)

Rosa T. de la Torre
(Parent's Signature) Mother

(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.

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245-614-921