

3 5M 8-16-35

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

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

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.*

Place of Birth MIAMI ARIZONA County No. _____ St. _____
(Registration District)

SEX OF CHILD* FEMALE	Twin Triplet or other?	and	Number* in order of birth 4
DATE OF BIRTH* JULY	2	1924	
(Month)	(Day)	(Year)	

I HEREBY CERTIFY that the child described herein has been named

ELVIRA TORREZ
(Give name in full) (Surname)

FULL* NAME MARIANO TORREZ	FATHER
FULL* MAIDEN NAME FRANCISCA GUTIERREZ	MOTHER

Mariano Torres
(Parent's Signature)

Dr. Brayton
(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.

Form X

539-702-679

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