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State File No. 117, Gila Co.
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. * 117

Place of Birth _____ County _____ No. _____ St. _____

| | | | |
|-------------------------|------------------------------|---------|--------------------------------|
| EX OF CHILD* | Twin Triplet or other? | { and } | Number in order of birth |
| (Registration District) | | | |
| DATE OF BIRTH* | Sept. | 3 | 1924 |
| | (Month) | (Day) | (Year) |
| ILL NAME | FATHER Abraham Corona | | |
| ILL NAME | MOTHER Jennie Lopez | | |

I HEREBY CERTIFY that the child described
herein has been named

Ophelia Lorona

(Give name in full)

(Surname)

Jennie Lopez Lorona
(Parent's Signature)

(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.
11-41 A.P.

631-903-139