

State File No. 126.

126

ARIZONA STATE BOARD OF HEALTH

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

BUREAU OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH County Registrar's No. 126

Place of Birth Miami County Gila No. 3036 Turkey S. Canyon St.
(Registration District)

SEX OF CHILD*	Twin Triplet or other?	}	and	}	Number in order of birth
Female					1

I HEREBY CERTIFY that the child described herein has been named

DATE OF BIRTH* November 1 1924
(Month) (Day) (Year)

Maria Louisa Ozaeta
(Give name in full) (Surname)

FULL NAME FATHER
Concepcion Ozaeta

Simona S. Ozaeta
(Parent's Signature)

FULL MAIDEN NAME MOTHER
Simona Soto

Cyril M. Cron
(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.
SM 5/20/41

461-1101-226