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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.*

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

SEX OF CHILD*	Twin Triplet or other?	}	and	}	Number in order of birth
<u>Male</u>					
DATE OF BIRTH*	<u>December 1 1924</u>				
	(Month)	(Day)	(Year)		
FULL* NAME	FATHER <u>Pilar Aguirre</u>				
FULL* MAIDEN NAME	MOTHER <u>Guillerma Monarez</u>				

I HEREBY CERTIFY that the child described herein has been named

ERNESTO AGUIRRE
(Give name in full) (Surname)

Isabel C. Baraza
(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.

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515-1201-749