222

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 (Registration District) Tella County Miami No. 714 Live Oak St

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

DATE OF BIRTH* Jan (Month) 27 (Day) 1925 (Year)

FULL NAME FATHER Santiago Corral

FULL MAIDEN NAME MOTHER Mrs Rosa Lozano

I HEREBY CERTIFY that the child described herein has been named

Ophelia Corral (Give name in full) (Surname)

Rosa Lozano (Parent's signature)

Nelson D 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.
Local registrars must mail supplemental reports immediately to county registrar. County registrars must mail with original certificate on tenth day of following month.

Changing name of child 633-127-936

RECEIVED
FEB 10 1925
Ans.
File

7-12-83 9910 ① 7-28-83