MARGIN RESERVED FOR BINDING
USE PERMANENT INK

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

109

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

County Registrar's No.*.....

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

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

DATE OF BIRTH* Feb. (Month) 5, (Day) 1925 (Year)

FULL NAME — FATHER: Epitasio Castaneda

FULL* MAIDEN NAME — MOTHER: Francisca Gaona

I HEREBY CERTIFY that the child described herein has been named

Aurora Castaneda
(Give name in full) (Surname)

Erlinda Briones
(Parent's Signature)
sister

(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.

10M 11-41 A.P.

131-205-671