

STATE OF ARIZONA DEPARTMENT OF HEALTH

REPORT OF BIRTH

### 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. \* 1614

Place of Birth Globe County Pima No. \_\_\_\_\_ St. \_\_\_\_\_  
(Registration District)

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

DATE OF BIRTH\* March 26 1925  
(Month) (Day) (Year)

FULL NAME Julian Ornelas  
FATHER

FULL MAIDEN NAME Dolores Soliz  
MOTHER

I HEREBY CERTIFY that the child described herein has been named

Jesus Jose Ornelas  
(Give name in full) (Surname)  
Julian Ornelas  
(Parent's Signature)  
Antonia R Ornelas  
(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-8-42-Bower Co.

162-326-429

RECEIVED  
APR 17 1925

PERMANENT INK