5445-5/1 (IX) DE 5/19/87

(8)

ARIZONA STATE DEPARTMENT OF HEALTH

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

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.* 196

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

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

DATE OF BIRTH* MARCH 26, 1925 (Month) (Day) (Year)

FATHER'S NAME Gilbert Rubio Flores

MOTHER'S MAIDEN NAME Leonor Rojas ~~Flores~~

I HEREBY CERTIFY that the child described herein has been named

GILBERT FLOREZ, JR.
(Give name in full) (Surname)

Leonor Rojas Flores
(Parent's Signature)

Dr. 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.

10M—8-42—Bower Co.

769-326-392.

LIVED