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.* 13

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

SEX OF CHILD*	Twin Triplet or other?	and	Number in order of birth
female			7

DATE OF BIRTH* April (Month) 5 (Day) 1925 (Year)

FULL* NAME — FATHER: Marcelino Trejo

FULL* MAIDEN NAME — MOTHER: Leonora Gonzales

*These items to be entered by the local registrar before filling out this form.

I HEREBY CERTIFY that the child described herein has been named

Estela Gonzalez Trejo
(Give name in full) (Surname)

Leonor R. Trejo
(Parent's Signature)

(Signature of Physician or Midwife)

Blank supplemental reports of birth may be obtained from the local registrar.

5M 7/11/40

Estela 17493

536-405-319

RECEIVED
MAY 12 1925
Ans. _____ File _____