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.*

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

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

DATE OF BIRTH* May (Month) 17 (Day) 1925 (Year)

FULL* NAME — FATHER: Modesto Rubio Monnarez

FULL* MAIDEN NAME — MOTHER: Valentina Vasquez Lopez

I HEREBY CERTIFY that the child described herein has been named

Petra Celestina (Give name in full) Monnarez (Surname)

Valentina V. Monnarez (Parent's Signature)

(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 10-1-43—S.P.Co.

749-517-539