ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

149

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

SUPPLEMENTARY REPORT OF BIRTH Local Registrar's No.*.....

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

SEX OF CHILD*	Twin Triplet or other? (only) and	Number* in order of birth
Femenine		

DATE OF BIRTH* June (Month) 9 (Day) 1925 193 (Year)

FULL* NAME FATHER Guillermo Villanueva

FULL* MAIDEN NAME MOTHER Dolores Juarez Villanueva

I HEREBY CERTIFY that the child described herein has been named

Margarita (Give name in full) Villanueva (Surname)

Dolores Juarez Villanueva (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.

Local registrars must mail supplemental reports immediately to county registrar. County registrars must mail with original certificate on tenth day of following month.

451-609-461

RECEIVED JUL 13 1925 File

MARGIN RE
This suppleme
bene