ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

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

County Registrar's No.* 1404

Place of Birth Miami (Registration District) County Gila No. Warrior Canon 11 St.

SEX OF CHILD* Female. Twin Triplet or other? ✓ and Number in order of birth 9

DATE OF BIRTH* June (Month) 15 (Day) 1925 (Year)

FULL NAME FATHER Ramon Casillas.

FULL* MAIDEN NAME MOTHER Teodora Gonzalez

I HEREBY CERTIFY that the child described herein has been named

Jovita (Give name in full) Casillas (Surname)

Teodora Casillas (Parent's Signature)

Byrilon Bron MD. (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.

132-615-379

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