

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

Local Registrar's No. 52

Place of Birth Hayden County Yuma No. _____ St. _____

SEX OF CHILD*	Twin Triplet or other?	and	Number* in order of birth.
<u>Female</u>			

I HEREBY CERTIFY that the ^{NATURAL} child described herein has ₁₅ been named

DATE OF BIRTH* June 17 1924
 (Month) (Day) (Year)

Fidelina Espinoza
 (Given name in full) (Surname)

FULL NAME FATHER* Leopoldo Espinoza
 FULL NAME MOTHER* Eusebia Miranda

Eusebia N. Espinoza
 (Father's or Mother'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 state registrar.

PLEASE WRITE PLAIN AND IN INK.

651-617-541

MARGIN RESERVED FOR BINDING

This supplemental report is to be pasted beneath the original.