MARGIN RESERVED FOR BINDING

USE PERMANENT INK

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.* 177

Place of Birth (Registration District) E. Miami, Ariz. County Gila No. 31 Grover Canyon St.

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

DATE OF BIRTH* August (Month) 20 (Day), 1925 (Year)

FULL* NAME FATHER Alberto de La Riva

FULL* MAIDEN NAME MOTHER Eustolia Zapata

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

I HEREBY CERTIFY that the child described herein has been named

Catalina (Give name in full) de La Riva (Surname)

Eustolia Zapata (Parent's Signature)

(Signature of Physician or Midwife)

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

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341-820-531

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