

MARGIN RESERVED FOR BINDING
USE PERMANENT INK

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

County Registrar's No. * 105

Place of Birth Miami ^{Yala} County Arizona No. _____ St.

SEX OF CHILD*	Twin Triplet or other?	and	Number in order of birth
<u>Female</u>			
DATE OF BIRTH*	<u>8</u>	<u>11</u>	<u>1925</u>
	(Month)	(Day)	(Year)
FULL NAME	FATHER <u>Gilberto R. Estrada</u>		
FULL MAIDEN NAME	MOTHER <u>Francisca Durazo</u>		

I HEREBY CERTIFY that the child described herein
has been named

Maria Concepcion Estrada
(Give name in full) (Surname)

Gilberto R. Estrada
(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.

SM 5/20/41