

MARGIN RESERVED FOR BINDING

This supplemental report is to be pasted beneath the original.

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

Local Registrar's No.\* 76

138

(This report should be referred to by the person who made the original.)

Place of Birth Hesperia

County Gila

No. ....

St.

I HEREBY CERTIFY that the child described herein has been named

SEX OF CHILD	Female	and	Number in order of birth
DATE OF BIRTH	1925	3	1925
FULL MAIDEN NAME	Juan Flores	OTHER	
FULL MAIDEN NAME	Fay Moloza	OTHER	

Leonor  
(Given name in full)

Flores  
(Surname)

+ *Fay Moloza*  
(Father's or Mother's Signature)

(Signature of Physician or Midwife)

\*These items to be entered at 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.

362-1103-741