

161

3 531 8-16-35

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.*.....

Place of Birth MIAMI ARIZONA County..... No..... St.....
(Registration District)

SEX OF CHILD*	Twin Triplet or other?	and	Number in order of birth*
<u>MALE</u>			<u>6</u>

DATE OF BIRTH* NOVEMBER 9 1925
(Month) (Day) (Year)

FULL NAME MARIANO TORREZ
FATHER

FULL MAIDEN NAME FRANCISCA GUTIERREZ
MOTHER

*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.

Form X

I HEREBY CERTIFY that the child described herein has been named

SALVADOR TORREZ
(Give name in full) (Surname)

Mariano Flores
(Parent's Signature)

Dr. Drayton
(Signature of Physician or Midwife)

239-1109-677

MARGIN RESERVED FOR BINDING
This supplemental report is to be pasted beneath the original.