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File

ARIZONA STATE BOARD OF HEALTH Vol. 11-25 # 170  
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.....Globe.....County...Gila.....No. ....St.  
(Registration District)

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

DATE OF BIRTH\*.....November 15th.....1925  
(Month) (Day) (Year)

FULL\* FATHER  
NAME Theodore Mingura

FULL\* MOTHER  
MAIDEN NAME Valentine Ordez

I HEREBY CERTIFY that the child described herein has been named

*Enrique Mingura*  
(Give name in full) (Surname)

*Theodore Mingura*  
(Parent's Signature)

*Dr. R. D. ...*  
(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 county registrar. County registrars must mail with original certificate on tenth day of following month.

5-7-28

541-115-569

Return supplementary report immediately.

MARGIN RESERVED FOR  
This su. mental report is to be pasted  
beneath the original.