

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. <sup>136</sup>.....

Place of Birth Yuma County Yuma No. .... St.

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

DATE OF BIRTH December 6 1925  
(Month) (Day) (Year)

FATHER  
FULL NAME Narciso Espanza

MOTHER  
FULL MAIDEN NAME Aracela Siverand

I HEREBY CERTIFY that the child described herein  
has been named

Aurora Espanza  
(Give name in full) (Surname)

Narciso Espanza  
(Parent's Signature)

Carson Dr. Cron  
(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.

10M 1-45

151-12-06-136

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