

ONLINE

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ARIZONA STATE DEPARTMENT OF HEALTH

(This return should preferably be made by the person who made the original) DIVISION OF VITAL STATISTICS
SUPPLEMENTARY REPORT OF BIRTH County Registrar's No. * 148

Place of Birth _____ County _____ No. _____ St. _____
(Registration District)

SEX OF CHILD* <i>Female</i>	Twin Triplet or other? <input checked="" type="checkbox"/>	and	Number in order of birth <i>12</i>
DATE OF BIRTH* DECEMBER 13, 1925 (Month) (Day) (Year)			
FULL NAME <i>Encarnacion Flores</i>	FATHER		
FULL MAIDEN NAME <i>Gregoria Arrieta</i>	MOTHER		

I HEREBY CERTIFY that the child described herein has been named

AURORA FLORES

(Give name in full) (Surname)

her mother. Gregoria Flores
(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.
10M-8-42-Bower Co.

162-1213-711