

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

151

(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 County Gila No. _____ St. _____
(Registration District)

SEX OF CHILD* Female	Twin Triplet or other? } and }	Number* in order of birth
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I HEREBY CERTIFY that the child described herein has been named

DATE OF BIRTH* Dec. 14- 1925
(Month) (Day) (Year)

Ester Florez
(Give name in full) (Surname)

FULL* FATHER
NAME Alfonso Florez

Alfonso Flores
(Parent's signature)

FULL* MOTHER
MAIDEN NAME Caratina Parra

*These items to be entered by the local registrar before giving out this form. (Signature of Physician or Midwife.)

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.

569-1214-371

