

**ARIZONA STATE BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS

168  
303

(This return should preferably be made by the person who made the original)

**SUPPLEMENTARY REPORT OF BIRTH** County Registrar's No. \_\_\_\_\_

Place of Birth Plohe, County Gila No. \_\_\_\_\_ St. \_\_\_\_\_  
(Registration District)

I HEREBY CERTIFY that the child described herein has been named

SEX OF CHILD* <u>17.</u>	Twin Triplet or other?	} and }	Number* in order of birth
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DATE OF BIRTH\* Dec 20 1925  
(Month) (Day) (Year)

FATHER  
FULL NAME Rodriguez Torrey

MOTHER  
FULL MAIDEN NAME Rosa Navarro

Tony Domingos Torrey  
(Give name in full) (Surname)

Rodriguez Torrey by W. S. ...  
(Parent's signature)

H. H. Horst M.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.