

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. 139

Place of Birth MIAMI County GILA No. 719 LIVE OAK St.

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

I HEREBY CERTIFY that the child described herein has been named

DATE OF BIRTH* JANUARY 9 1926
(Month) (Day) (Year)

BASILISA Oquita
(Give name in full) (Surname)

FULL* FATHER
NAME CASIMIRO Oquita

Margarita Marta
(Parent's Signature)

FULL* MOTHER
MAIDEN NAME MARGARITA MARTA

Byrd M. Brown 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.
10M 10-1-48—S.P.Co.

261-109-441