

37610

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.* 96 A

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

SEX OF CHILD* <u>Male</u>	Twin Triplet or other?	and	Number in order of birth
DATE OF BIRTH* <u>JUNE 5, 1926</u> (Month) (Day) (Year)			
FULL* NAME <u>Juan Flores</u>		FATHER	
FULL* MAIDEN NAME <u>Anita Grijalva</u>		MOTHER	

I HEREBY CERTIFY that the child described herein
has been named
JOSE MARIA FLORES

(Give name in full)

(Surname)

X. Maria Flores
(Parent's Signature)Both parents deceased; sister signed
(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.
1031 10-1-43—S.P.Co.

162-605-171