

MARGIN RESERVED FOR BINDING

168

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

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

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.\* 49

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

SEX OF CHILD\* Female Twin Triplet or other? and Number\* in order of birth

I HEREBY CERTIFY that the child described herein has been named

DATE OF BIRTH\* August 12, 1926 (Month) (Day) (Year)

Josefina Flores (Give name in full) (Surname)

FULL\* NAME FATHER Lorenzo Flores

Maximiliana Lapizco Flores (Parent's Signature)

FULL\* MAIDEN NAME MOTHER Maximiliana Lapizco

Charles H. Hunt (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.

SM 6-1-38

162-812-436