ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.* 150

This return should preferably be made by the person who made the original.

Place of Birth Miami, Gila County Gila No. Davis Canon St.
(Registration District)

SEX OF CHILD* Female | Twin Triplet or other? — | and | Number in order of birth 1st

DATE OF BIRTH* JANUARY 27, 1928
(Month) (Day) (Year)

FATHER
FULL* NAME Felipe Ponce

MOTHER
FULL* MAIDEN NAME Elisa Calvillo

I HEREBY CERTIFY that the child described herein has been named

IRENE PONCE
(Give name in full) (Surname)

Elisa C. Ponce
(Parent's Signature)

Cyril M. Crow 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.

DM 10-1-43—S.P.Co.

975-127-536

File