FOR BINDING

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 N

Place of birth Miami Arizona County GILA No. orphen

(Registration District)

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

DATE OF BIRTH* 2 / 13 1928 (Month) (Day) (Year)

FULL* NAME Antonio FATHER Baltierra

FULL* MAIDEN NAME Siria MOTHER Savala

I HEREBY CERTIFY that the child described he been named

Flora Baltierra (Give name in full) (Surname)

Antonio Baltierra (Parent's Signature)

Dr Aldeana (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

621-213-221