1680

ARIZONA STATE DEPARTMENT OF HEALTH

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

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.*.....

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

SEX OF CHILD* F | Twin / Triplet / or other? { and } Number in order of birth

DATE OF BIRTH* MARCH 29, 1928 (Month) (Day) (Year)

FULL NAME FATHER PASCUAL CAMARENA

FULL* MAIDEN NAME MOTHER CLAUDIA DELA TORRE

I HEREBY CERTIFY that the child described herein has been named

ANITA CAMARENA.
(Give name in full) (Surname)

+ His Mark.
(Parent's Signature)

(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—8-42—Bower Co.

131-329-345

MARGIN RESERVED FOR BINDING
USE PERMANENT INK

APR 11 1928
File