ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

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

County Registrar's No.* 115

Place of Birth Miami (Registration District) County Gila No. 118 St.

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

DATE OF BIRTH* May (Month) 4 (Day) 1928 (Year)

FULL NAME FATHER Manuel Reyes

FULL* MAIDEN NAME MOTHER Pita Aguirre Reyes

I HEREBY CERTIFY that the child described herein has been named

Olga Dahlia Reyes
(Give name in full) (Surname)

Pita Aguirre
(Parent's Signature)

Doctor Cron
(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 11-41 A.P.

692-504-915