ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

is return should preferably be made
the person who made the original)

County Registrar's No.* 170

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

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

TE OF BIRTH* May (Month) 24 (Day) 1928 (Year)

ULL AME FATHER Florencio Borboa

ULL* AIDEN AME MOTHER Hilaria Monroe

I HEREBY CERTIFY that the child described herein has been named

Velia Borboa
(Give name in full) (Surname)

Florencio Borboa
(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.
M—8-42—Bower Co.

521-92-8445

USE PERMANENT