MARGIN RESERVED FOR BINDING
USE PERMANENT INK

15-7

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

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

SUPPLEMENTARY REPORT OF BIRTH

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

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

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

DATE OF BIRTH* June 13, 1928 (Month) (Day) (Year)

FULL* NAME FATHER Jose Flores

FULL* MAIDEN NAME MOTHER Maria Garcia

I HEREBY CERTIFY that the child described herein has been named

Armida Flores
(Give name in full) (Surname)

x Maria Garcia
(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 10-1-43—S.P.Co.

162-613-471