MARGIN RESERVED FOR BINDING
USE PERMANENT INK

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.* #157

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

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

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

FULL NAME FATHER Ascension Andasola

FULL* MAIDEN NAME MOTHER Mercedes Ortega

I HEREBY CERTIFY that the child described herein has been named

ROSENDA GLORIA ANDASOLA
(Give name in full) (Surname)

Mercedes O Andasola
(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.

911-1213-461