MARGIN RESERVED FOR BINDING
USE PERMANENT INK

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.* 1121

Place of Birth GLOBE, Arizona County ..... No. ..... St.
(Registration District)

SEX OF CHILD*	Twin Triplet or other?	and	Number in order of birth
FEMALE			3

DATE OF BIRTH* MAY (Month) 15 (Day) 1929 (Year)

FULL* NAME (FATHER) Concepcion Muñoz

FULL* MAIDEN NAME (MOTHER) CARLOTA CAMARGO

I HEREBY CERTIFY that the child described herein has been named

MARIA ELISA MUÑOZ
(Give name in full) (Surname)

Carlota Camargo
(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.

449-515-336

10M 1-45