

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.\*.....

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

SEX OF CHILD <i>Female</i>	Twin Triplet or other?	and	Number in order of birth
DATE OF BIRTH <i>May 24, 1929</i>	(Month)	(Day)	(Year)
FULL NAME <i>Louis Fernandez Delgado</i>	FATHER		
FULL MAIDEN NAME <i>Dolores Chavez</i>	MOTHER		

I HEREBY CERTIFY that the child described  
herein has been named

*Stella Delgado*  
(Give name in full) (Surname)

*Mrs. Mrs. Louis F. Delgado*  
(Parent's Signature)

*Charles K. Huerto*  
(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.

246-524-439