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.*.....

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

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

DATE OF BIRTH* August 27, 1929 (Month) (Day) (Year)

FULL NAME FATHER Francisco Aguirre Ortega

FULL* MAIDEN NAME MOTHER Apolonia Villarreal

I HEREBY CERTIFY that the child described herein has been named

Dolores Villarreal Ortega
(Give name in full) (Surname)

Information taken from Supplement of Twin sister, and letter from sister.
(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 11-41 A.P.

461-827-153