

PERMITS TO GRADE STATE ARIZONA

STATE OF ARIZONA

DEPARTMENT OF PUBLIC SAFETY

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

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

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No. *1112*

Place of Birth *Yuma*

(Registration District)

County *Arizona*

No. *1112*

St. *Ruiz Canyon*

SEX OF CHILD*

Twin
Triplet
or other?

and

Number
in order
of birth

girl

I HEREBY CERTIFY that the child described herein has been named

DATE OF BIRTH *August 26, 1929*

(Month)

(Day)

(Year)

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

FULL NAME

FATHER

FULL MAIDEN NAME

MOTHER

Francisco Aguirre Ortega

Apolonia Villarreal Ortega

(Parent's Signature)

Francisco A. Ortega

(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.

5M 5/20/41

761-826-153

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