

MARGIN RESERVED FOR BINDING
USE PERMANENT INK

ARIZONA STATE DEPARTMENT OF HEALTH

138

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

DIVISION OF VITAL STATISTICS
SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.*

Place of Birth Winkelman County Yuma No. _____ St. _____
(Registration District)

SEX OF CHILD* <u>female</u>	Twin Triplet or other?	{	and	}	Number in order of birth
DATE OF BIRTH* <u>Jan 5 1927</u>	(Month)	(Day)	(Year)		
FULL NAME <u>Francisco Acevedo</u>	FATHER				
FULL MAIDEN NAME <u>Antonia Trias</u>	MOTHER				

I HEREBY CERTIFY that the child described
herein has been named

Olva Trias Acevedo
(Give name in full) (Surname)

Antonio T. Acevedo
(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.

516-105-132