

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

126

SUPPLEMENTARY REPORT OF BIRTH

Local Registrar's No. \_\_\_\_\_

Should preferably be made  
by person who made the original.

Birth Hayden County Gila No. \_\_\_\_\_ St. \_\_\_\_\_  
(in District)

AD*	Twin Triplet or other?	{ and }	Swearer* in order of birth
BIRTH	<u>March</u>	<u>6</u>	<u>1927</u>
	(Month)	(Day)	(Year)
FATHER			
<u>Juan Martinez</u>			
MOTHER			
<u>Juana Rios</u>			

I HEREBY CERTIFY that the child described herein has  
been named

Girlie Martinez

(Given name in full) (Surname)

Juana Rios Martinez  
(Father's or Mother's Signature)

(Signature of Physician or Midwife)

to be returned by the local registrar before giving out this form.  
Additional reports of birth may be obtained from the local registrar.  
We must mail supplemental reports immediately to state registrar.

PLEASE WRITE PLAIN AND IN INK.

2115 - 306 - 172