

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

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

Place of Birth Hayden, Ariz. County Gila No. _____ St. _____

County Registrar's No.* _____

140

SEX OF CHILD* <u>Female</u>	Twin Triplet or other?	and	Number in order of birth
DATE OF BIRTH* <u>March 10, 1927</u>	(Month)	(Day)	(Year)
FULL* NAME	FATHER <u>Jesse Martinez</u>		
FULL* MAIDEN NAME	MOTHER <u>Adela Leon</u>		

I HEREBY CERTIFY that the child described herein has been named

Manuela Martinez
(Give name in full) (Surname)

Adela Leon Martinez
(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.

2149-310-135

ED