

MARGIN RESERVED FOR BINDING  
USE PERMANENT INK

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

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

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.\*

163

Place of Birth Miami County Gila No. \_\_\_\_\_ St. \_\_\_\_\_

SEX OF CHILD <u>Female</u>	Twin Triplet or other?	and	Number in order of birth
DATE OF BIRTH: <u>Mar 20 - 27</u>			
FULL NAME <u>Fernando Bencomo</u>			
FULL MAIDEN NAME <u>Ana Martinez</u>			

I HEREBY CERTIFY that the child described herein  
has been named

Julia Martinez  
(Give name in full) (Surname)

Ana 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.

10M 10-1-43-S.P.Co.

149-320-149