ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

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

Place of Birth Miami (Registration District) County Gila County Registrar's No.*

No. St.

SEX OF CHILD* Female | Twin Triplet or other? | and | Number* in order of birth

DATE OF BIRTH* Mar 21, 1927 (Month) (Day) (Year)

FULL NAME Dora Consuelo Macias (Give name in full)

FATHER Antonio Macias (Surname)

FULL MAIDEN NAME Josefina Muñoz

MOTHER

*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.

I HEREBY CERTIFY that the child described herein has been named

Antonio Macias (Parent's Signature)

(Signature of Physician or Midwife)

SM 6-1-38

442-321-159

CEIVED
12 1927
File

MARGIN RESERVED FOR BINDING