

MARGIN RESERVED FOR BINDING  
This supplemental report is to be pasted  
beneath the original.

3 5M 8-18-35

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

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

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No. \* 149

Place of Birth Miami County DeLa No. \_\_\_\_\_ St. \_\_\_\_\_  
(Registration District)

SEX OF CHILD*	Twin Triplet or other?	and	Number* in order of birth
<u>Male</u>			
DATE OF BIRTH*	<u>May</u> (Month)	<u>10</u> (Day)	19 <u>17</u> (Year)
FULL* NAME	FATHER <u>Emelio Pulido</u>		
FULL* MAIDEN NAME	MOTHER <u>Margaretta Martinez</u>		

I HEREBY CERTIFY that the child described herein has  
been named

Antonio Pulido  
(Give name in full) (Surname)

Emelio Pulido  
(Parent's Signature)

Byrd M. Brown  
(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.

Form X

176-510-449