ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

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

SUPPLEMENTARY REPORT OF BIRTH

Local Registrar's No.* 47

Place of Birth Hayden (Registration District) County Gila No. St.

SEX OF CHILD*	Twin Triplet or other?	and	Number* in order of birth
Male	—		

DATE OF BIRTH* July (Month) 9 (Day) 1927 (Year)

FULL* NAME FATHER: Pascual Martinez

FULL* MAIDEN NAME MOTHER: Maria Vega

I HEREBY CERTIFY that the child described herein has been named

Felipe Vega Martinez (Given name in full) (Surname)

Pascual Martinez (Father's or Mother's Signature)

(Signature of Physician or Midwife)

*T , to be entered by the local registrar before giving out this form.

Bl plemental reports of birth may be obtained from the local registrar.
Local regi trars must mail supplemental reports immediately to state registrar. PLEASE WRITE PLAIN AND IN INK.

649-709-451

Ans.