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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. *135*

Place of Birth *Miami* County *Dade* No. _____ St. _____
(Registration District)

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

I HEREBY CERTIFY that the child described herein has been named

DATE OF BIRTH* *Sept. 10, 1927*
(Month) (Day) (Year)

Margarita Molina
(Give name in full) (Surname)

FULL NAME FATHER *Leon Molina*

x Joe Molina
(Parent's Signature)

FULL MAIDEN NAME MOTHER *Eustasia Martinez*

(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.

5M 5/20/41

✓ 441-910-549