

3/18/30  
185037

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

# 239

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

SUPPLEMENTARY REPORT OF BIRTH

Local Registrar's No.\*.....5.....

Sex of Birth..... Male ..... County Gila ..... No. .... St. Arizona  
(Registration District)

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

I HEREBY CERTIFY that the child described herein has been named

E OF BIRTH\* January 20, 1930  
(Month) (Day) (Year)

Sebastiana Mejia  
(Given name in full) (Surname)

L\* FATHER  
IE Ysidro Mejia

X Ysidro Mejia  
(Father's or Mother's Signature)

L\* MOTHER  
IE Juana Guzman

.....  
(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.  
Local registrars must mail supplemental reports immediately to state registrar.

PLEASE WRITE PLAIN AND IN INK.

241-120-174