

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

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

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.* 158

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

SEX OF CHILD* Male	Twin Triplet or other? }	and	{ Number in order of birth
DATE OF BIRTH* <u>February 3, 1930</u> (Month) (Day) (Year)			
FULL* NAME	FATHER <u>Martin Carbojal</u>		
FULL* MAIDEN NAME	MOTHER <u>Eliosa Loya</u>		

I HEREBY CERTIFY that the child described herein has been named

Jose Carbojal Loya

(Give name in full) (Surname)

X Eliosa Loya Mendoza
(Parent's Signature)

(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.

10M 12-46

131-203-531

