MARGIN RESERVED FOR BINDING
USE PERMANENT INK

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.* 162

Place of Birth Miami (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) 6, (Day) 1930 (Year)

FULL* NAME	FATHER	Enrique Medina
FULL* MAIDEN NAME	MOTHER	Maria Garcia

I HEREBY CERTIFY that the child described herein has been named

Enrique Medina G
(Give name in full) (Surname)

María G Vda de Medina
(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