MARGIN RESERVED FOR BINDING

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

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

County Registrar's No.*.....

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

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

DATE OF BIRTH* August 13 193 0 (Month) (Day) (Year)

FULL* NAME FATHER Justo Parga

FULL* MAIDEN NAME MOTHER Felicitas Garcia

I HEREBY CERTIFY that the child described herein has been named

JOSE HUMBERTO PARGA
(Give name in full) (Surname)

Liborio Garcia Jr
(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 1-45

171-813-671