ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH County Registrar's No.* 176

: return should preferably be made
he person who made the ariginal)

ce of Birth Miami Ariz County Gila No. Turkey Shoot St.
(Registration District)

OF CHILD* male	Twin Triplet or other?	and	Number in order of birth 5
E OF BIRTH* September 25 1930 (Month) (Day) (Year)			
L ME FATHER Severo Contreras			
L* IDEN ME MOTHER Teresa Velasquez			

I HEREBY CERTIFY that the child described herein has been named

Angelia Elisa Contreras
(Give name in full) (Surname)

Teresa Velasquez
(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.
5/20/41

MARGIN RESERVED FOR BINDING

Received OCT 20 1930 Arizona State Board of Health