3 5M 8-16-35

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

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

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.* 119

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

SEX OF CHILD*	~~Twin~~ ~~Triplet~~ or other?	and	Number* in order of birth
Female			3.

DATE OF BIRTH* October 29 (Month) (Day) 1930 (Year)

FULL* NAME Emilio Pulido (FATHER)

FULL* MAIDEN NAME Margarita Martinez (MOTHER)

I HEREBY CERTIFY that the child described herein has been named

Catalina Pulido
(Give name in full) (Surname)

Emilio Pulido
(Parent's Signature)

Lynn Donleavy M.D.
(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.

Form X

376-1029-449

Board of Health

MARGIN RESERVED FOR BINDING