ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

return should preferably be made
person who made the original)

County Registrar's No.* 178

of Birth Miami County Gila No. St.

gistration District)

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

OF BIRTH* January 23 1931
(Month) (Day) (Year)

FATHER
FRANCISCO AVILA

MOTHER
EN ALVINA GONZALES

I HEREBY CERTIFY that the child described herein has been named

MARGARITA AVILA
(Give name in full) (Surname)

x Alvina G. avila
(Parent's Signature)

Mother
(Signature of Physician or Midwife)

These items to be entered by the local registrar before giving out this form.

k supplemental reports of birth may be obtained from the local registrar.

-1-43—S.P.Co.

411-123-172