MARGIN RESERVED FOR BINDING
USE PERMANENT INK

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.* 139

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

Place of Birth (Registration District) Miami County Gila No. 1 Central Heights St.

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

DATE OF BIRTH* June (Month) 1 (Day) 1931 (Year)

FULL* NAME — FATHER: Louis Garcia

FULL* MAIDEN NAME — MOTHER: Rita Acuna

I HEREBY CERTIFY that the child described herein has been named

Pamfilo Eutimio Garcia
(Give name in full) (Surname)

Josephine [illegible] Sister
(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

771-601-911