State File No. 123, Gila Co.

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ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

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

SUPPLEMENTARY REPORT OF BIRTH

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

Place of Birth Miami (Registration District) County Gila No. Coffee Canon 42

SEX OF CHILD* Female | Twin Triplet or other? ✓ | and | Number in order of birth 2nd

DATE OF BIRTH* Dec. (Month) 27 (Day) 1931 (Year)

FULL NAME FATHER Adolfo Renteria

FULL* MAIDEN NAME MOTHER Margaret Fletcher

I HEREBY CERTIFY that the child described herein has been named

Eva Laura Renteria
(Give name in full) (Surname)

Mrs. Adolfo Renteria
(Parent's Signature)

Lyndon Brown 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.

10M 11-41 A.P.

591-1227-469

Original doc not state the name Eva. (Laura Renteria.)

MARGIN RESERVED FOR BINDING

USE PERMANENT INK