

MARGIN RESERVED FOR BINDING
USE PERMANENT INK

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. *1010

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

SEX OF CHILD* <u>male</u>	Twin Triplet or other?	and	Number in order of birth <u>12</u>
DATE OF BIRTH* <u>Feb.</u> <u>2</u> <u>1932</u> (Month) (Day) (Year)			
FULL NAME <u>Secundino Macias</u>		FATHER	
FULL MAIDEN NAME <u>Wenceslaba Macias</u>		MOTHER	

I HEREBY CERTIFY that the child described herein has been named

Adalberto, Macias
(Give name in full) (Surname)

X Secundino Macias
(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 11-41 A.P.

142-202-642