89

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.*.....

Place of Birth Miami, (Registration District) County Gila No. 500 Gibson St.

SEX OF CHILD*	Twin Triplet or other	and	Number* in order of birth
Female	XXXX		4

DATE OF BIRTH* October (Month) 18 (Day) 1932 (Year)

FULL* NAME — FATHER: Antonio L. Diaz

FULL* MAIDEN NAME — MOTHER: Justina Esparza

I HEREBY CERTIFY that the child described herein has been named

Lusinda Idolina (Give name in full) Diaz (Surname)

Antonio L. Diaz (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.

Form X

349-1018-151