ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

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

This return should preferably be made by the person who made the original.

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

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

DATE OF BIRTH* Nov. 24, 1933 (Month) (Day) (Year)

FULL* NAME FATHER Antonio Macias

FULL* MAIDEN NAME MOTHER Josephine Nunez

I HEREBY CERTIFY that the child described herein has been named

Alicia Macias (Surname)

(Give name in full)

Antonio 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.

SM 6-1-38

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