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Eva Maria Saenz
MARGIN RESERVED FOR BINDING
USE PERMANENT INK

ARIZONA STATE DEPARTMENT OF HEALTH

(This return should preferably be made by the person who made the original) DIVISION OF VITAL STATISTICS SUPPLEMENTARY REPORT OF BIRTH County Registrar's No.*

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

SEX OF CHILD* <u>Female</u>	Twin Triplet or other?	and	Number in order of birth
DATE OF BIRTH* <u>December 2</u> 19 <u>09</u> (Month) (Day) (Year)			
FULL NAME <u>Louis Saenz</u>		FATHER	
FULL MAIDEN NAME <u>Martha Abillas</u>		MOTHER	

I HEREBY CERTIFY that the child described herein has been named

Eva Maria Saenz
(Give name in full) (Surname)

Martha A. Martinez
(Parent's Signature)

deceased
(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.

529-1202-419