

2309

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.* 81

Place of Birth _____ County _____ No. _____ St. _____

| | | | | | |
|------------------------------------|------------------------------|---------|--------|--------|--------------------------------|
| SEX OF CHILD Female | Twin Triplet or other? | } | and | } | Number in order of birth |
| DATE OF BIRTH* May 22, 1912 | | | | | |
| | | (Month) | (Day) | (Year) | |
| FULL NAME Jesus Martinez | | | FATHER | | |
| FULL MAIDEN NAME Elema Romo | | | MOTHER | | |

I HEREBY CERTIFY that the child described herein has been named

Mary Rita Martinez

(Give name in full) (Surname)

+ *Rosa Lillie Parra*

(Parent's Signature)

Cousin

(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.

ICM 12-46

449-522-596