

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. * 121

Place of Birth Miami Ariz County Gila No. Inspiration Co Hoop St.
(Registration District)

SEX OF CHILD*	Twin Triplet or other?	and	Number in order of birth
<u>girl</u>			<u>1</u>
DATE OF BIRTH* <u>May 25 1915</u>			
(Month) (Day) (Year)			
FULL NAME	FATHER		
<u>Jesus Maria Felix</u>			
FULL MAIDEN NAME	MOTHER		
<u>Concepcion V. Pinal</u>			

I HEREBY CERTIFY that the child described herein has been named

Rita Felix
(Give name in full) (Surname)
Concepcion Pinal
(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.

967-523-331