

1401

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. *1572*

Place of Birth Yuma County Yuma No. \_\_\_\_\_ St. \_\_\_\_\_  
(Registration District)

SEX OF CHILD\* Female Twin Triplet or other? \_\_\_\_\_ and \_\_\_\_\_ Number in order of birth \_\_\_\_\_

DATE OF BIRTH\* 4 15 1917  
(Month) (Day) (Year)

FULL NAME Alvino M. Mejia FATHER

FULL MAIDEN NAME Laura Giron Mejia MOTHER

I HEREBY CERTIFY that the child described herein has been named

Mary Eva Mejia  
(Give name in full) (Surname)

*Laura G. Mejia*  
(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 10-1-42-S.P.Co.

441-415-375