1886

MARGIN RESERVED FOR BINDING
USE PERMANENT INK

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.*.....

Place of Birth MIAMI, ARIZONA County..... No..... St.
(Registration District)

SEX OF CHILD*	Twin Triplet or other?	and	Number in order of birth
FEMALE			1

DATE OF BIRTH* MAY (Month) 28 (Day) 22 (Year)

FULL NAME FATHER ABELINO VELARDE.

FULL* MAIDEN NAME MOTHER ANITA PAREDES.

*These items to be entered by the local registrar before giving out this form.

I HEREBY CERTIFY that the child described herein has been named

Elizabeth Velarde
(Give name in full) (Surname)

Abelino Velarde
(Parent's Signature)

.....
(Signature of Physician or Midwife)

Blank supplemental reports of birth may be obtained from the local registrar.
10M—8-42—Bower Co.

555-528-172