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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. 76

Place of Birth Miami, Ariz. County Dela No. Loomis Ave. St.
(Registration District)

| | | | | | |
|-------------------------|--------------------------------|----------|-------------|---|--------------------------------|
| SEX OF CHILD* | Twin Triplet or other? | } | and | } | Number in order of birth |
| <u>Female</u> | | | | | |
| DATE OF BIRTH* | <u>July</u> | <u>3</u> | <u>1922</u> | | |
| | (Month) | (Day) | (Year) | | |
| FULL* NAME | FATHER <u>Manuel Garcia</u> | | | | |
| FULL* MAIDEN NAME | MOTHER <u>Petra Pina</u> | | | | |

I HEREBY CERTIFY that the child described herein
has been named

Alicia Garcia
(Give name in full) (Surname)

(Parent's Signature)

Petra P. Garcia
(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 1-45

171-703-771