170-A

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 (Registration District) Miami County Gila No. Sikes St.

SEX OF CHILD*	Twin Triplet or other?	Number in order of birth
Female	Single	4

DATE OF BIRTH* January 29, 1923 (Month) (Day) (Year)

FULL NAME FATHER Melchior Leal

FULL* MAIDEN NAME MOTHER Filomena Araujo

*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

Maria de Luz Leal
(Give name in full) (Surname)

(Parent's Signature)

Clemencia Araujo Bejarano
(Signature of Physician or Midwife)

Blank supplemental reports of birth may be obtained from the local registrar.
M 10-1-43—S.P.Co.

433-129-616