

3 5M 5-1-31

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

133

(Return should preferably be made  
to person who made the original)

SUPPLEMENTARY REPORT OF BIRTH County Registrar's No.\*

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

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

I HEREBY CERTIFY that the child described herein has  
been named

DATE OF BIRTH\* April 8, 1923  
(Month) (Day) (Year)

Domitila Carranza  
(Give name in full) (Surname)

FATHER
<u>Miguel Carranza</u>
MOTHER
<u>Domitilla Gil</u>

Miguel Carranza  
(Parent's Signature)

Dr. W. B. Watts, M. D.  
(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.  
Local registrars must mail supplemental reports immediately to county registrar. County registrars must mail with original certificate on tenth day of  
following month.