

26747

MARGIN RESERVED FOR BINDING  
USE PERMANENT INK

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

137

(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 County Gila No. 57 Davis Canyon  
(Registration District)

SEX OF CHILD\* Twin  
Triplet or other? 1 and } Number  
in order of birth 5

I HEREBY CERTIFY that the child described  
herein has been named

DATE OF BIRTH\* April 10 1973  
(Month) (Day) (Year)

Eloy Ontiveros  
(Give name in full) (Surname)

FATHER  
FULL NAME Joe Ontiveros

Mrs. Maria P. Ontiveros  
(Parent's Signature)

MOTHER  
FULL MAIDEN NAME Maria Provencio

(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-8-42-Bower Co.

562-410-476