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State File No. 146.

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

County Registrar's No. * 146

(This return should preferably be made by the person who made the original)

SUPPLEMENTARY REPORT OF BIRTH

Place of Birth Miami, Arizona County Gila No. 20 Hill St.

SEX OF CHILD*	Twin Triplet or other?	and	Number in order of birth
<u>Female</u>			<u>5th</u>
DATE OF BIRTH*	<u>February</u>	<u>16</u>	<u>1924</u>
	(Month)	(Day)	(Year)
FULL NAME	FATHER		
	<u>Serapis Baldivia</u>		
FULL MAIDEN NAME	MOTHER		
	<u>Virginia Franco</u>		

I HEREBY CERTIFY that the child described herein has been named

Julia Jovita Baldivia
(Give name in full) (Surname)

Virginia Baldivia
(Parent's Signature)

(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 11-41 A.P.

✓ 121-216-566