1143

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) Globe County Gila No. ..... St.

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

DATE OF BIRTH* May (Month) 13 (Day) 1924 (Year)

FULL* NAME FATHER: Brigido Martinez

FULL* MAIDEN NAME MOTHER: Francisca Baldivia

I HEREBY CERTIFY that the child described herein has been named

Tillie Martinez
(Give name in full) (Surname)

Francisca Martinez
(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 10-1-43—S.P.Co.

349-513-6021