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ARIZONA STATE BOARD OF HEALTH

BUREAU 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 Hayden, Ariz County Gila No. St.

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

I HEREBY CERTIFY that the child described herein has been named

DATE OF BIRTH* August 25, 1924
(Month) (Day) (Year)

Angelita Martinez
(Give name in full) (Surname)

FULL* FATHER
NAME Jesus Martinez

Adela Leon Martinez
(Parent's Signature)

FULL* MOTHER
MAIDEN NAME Adela Leon

(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.

SM 7/11/40

149-825-135