

RELIABLE TO TRACK STATE RECORDS

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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 Miami County Gila No. St.

(Registration District)

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

DATE OF BIRTH* January 8 1925 (Month) (Day) (Year)

FULL* NAME Pedro E. Martinez FATHER

FULL* MAIDEN NAME Fedelina Elicio MOTHER

I HEREBY CERTIFY that the child described herein has been named

EUPHELIA MARTINEZ

(Give name in full) (Surname)

Pedro E. 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.

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549-108-656

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