

MARGIN RESERVED FOR BINDING  
USE PERMANENT INK

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. 134

Place of Birth Arizona County Gila No. Anderson Base St.  
(Registration District)

SEX OF CHILD* <u>girl</u>	Twin Triplet or other?	and	Number in order of birth
DATE OF BIRTH* <u>Feb. 14</u> <u>1925</u>	(Month)	(Day)	(Year)
FULL NAME <u>Andres Perez</u>	FATHER		
FULL MAIDEN NAME <u>Felipa Felis</u>	MOTHER		

I HEREBY CERTIFY that the child described herein  
has been named

Artensia Valentina Perez  
(Give name in full) (Surname)

Felipa Perez  
(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 10-1-48-S.P.Co.

679-214-662