

5-0252
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. ¹⁴⁴

Place of Birth Chandler County Pima No. _____ St. _____
(Registration District)

SEX OF CHILD*	Twin Triplet or other?	and	Number in order of birth
<u>Male</u>	<input checked="" type="checkbox"/>		

I HEREBY CERTIFY that the child described herein has been named

DATE OF BIRTH* Aug. 7 1925
(Month) (Day) (Year)

Raul Avila
(Give name in full) (Surname)

FATHER
FULL NAME Elojio Avila

(Parent's Signature)

MOTHER
FULL MAIDEN NAME Cypriana Hernandez

Lucile M. Brown M.D.
(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 10-1-42-S.P.Co.

911-807-314