

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. * 213

Place of Birth..... County Mila No..... St.

SEX OF CHILD* <u>Female</u>	Twin Triplet or other? <input checked="" type="checkbox"/>	and	Number in order of birth
DATE OF BIRTH* <u>Oct</u> <u>31</u> <u>1928</u>			
(Month) (Day) (Year)			
FULL NAME	FATHER <u>Benito Garcia</u>		
FULL* MAIDEN NAME	MOTHER <u>Salome Prieto</u>		

I HEREBY CERTIFY that the child described
herein has been named

Santos Garcia
(Give name in full) (Surname)

Salome Prieto Garcia
(Parent's Signature)

Byrdton Brown
(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 11-41 A.P.

271-1031-276