

164

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

County Registrar's No.*.....

(This return should preferably be made by the person who made the original)

SUPPLEMENTARY REPORT OF BIRTH

Place of Birth Gila County Miami No. 164 St.

(Registration District)

SEX OF CHILD*	Twin	1	}	and	}	Number in order of birth
Female	Triplet or other?					

I HEREBY CERTIFY that the child described herein has been named

DATE OF BIRTH* Nov. 12, 1925
(Month) (Day) (Year)

Lillian Zayas
(Give name in full) (Surname)

FULL* FATHER
NAME Gilbert M Zayas

Naomi B. Zayas
(Parent's Signature)

FULL* MOTHER
MAIDEN NAME Naomi Bazarre

(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

392-1112-625

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DEC 12 1925
Am. File