

65015-100
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. * 178a

Place of Birth Miami County Pala No. _____ St. _____
(Registration District)

SEX OF CHILD* <u>Female</u>	Twin Triplet or other?	{ <u>2nd</u> }	and { }	Number in order of birth
DATE OF BIRTH* <u>May 28 1926</u>	(Month)	(Day)	(Year)	
FULL* NAME <u>Santos Garcia</u>	FATHER			
FULL* MAIDEN NAME <u>Dominica Marin</u>	MOTHER			

I HEREBY CERTIFY that the child described herein has been named

Augustina Garcia
(Give name in full) (Surname)

Santos Garcia
(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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171-526-445