

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. \* 113

Place of Birth \_\_\_\_\_ County \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_  
(Registration District)

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

I HEREBY CERTIFY that the child described herein has been named

*Bertha Frias*

(Give name in full) (Surname)

DATE OF BIRTH\* *June 21, 1926*  
(Month) (Day) (Year)

*Eusebio Frias*  
(Parent's Signature)

FATHER  
FULL NAME *Eusebio Frias*

MOTHER  
FULL MAIDEN NAME *Rubia Sandoval*

(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-8-42-Bower Co.

MARGIN RESERVED FOR BINDING  
USE PERMANENT INK

File

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FILED

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