

MARGIN RESERVED FOR BINDING

This supplemental report is to be pasted beneath the original.

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

166

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

SUPPLEMENTARY REPORT OF BIRTH

Local Registrar's No. \* 48

Place of Birth HAYDEN

County GILA No. \_\_\_\_\_ St. \_\_\_\_\_

SEX OF CHILD \*  
FEMALE

Twin * Triplet or other?	and }	Number * in order of birth

I HEREBY CERTIFY that the child described herein has been named

DATE OF BIRTH AUG 10 1926  
(Month) (Day) (Year)

ANITA MARINEZ  
(Given name in full) (Surname)

FULL \* FATHER'S NAME SELEDON MARINEZ

Enriqueta Lopez  
(Father's or Mother's Signature)

FULL \* MOTHER'S NAME ENRIQUETA LOPEZ

(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.  
Local registrars must mail supplemental reports immediately to state registrar.

PLEASE WRITE PLAIN AND IN INK.

149-810-537