

Margarita Maria Martinez NF
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.* 166...

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

SEX OF CHILD*	Twin Triplet or other?	}	and	}	Number in order of birth
Female					
DATE OF BIRTH*	Oct. 16, 1926				
	(Month)	(Day)	(Year)		
FULL* NAME	FATHER Nicolas Martinez				
FULL* MAIDEN NAME	MOTHER Maria Valdez				

I HEREBY CERTIFY that the child described herein
has been named

Margarita Maria Martinez
(Give name in full) (Surname)

mother Maria V. Martinez
(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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449-1016-459