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MARGIN RESERVED FOR BINDING  
USE PERMANENT INK

### ARIZONA STATE DEPARTMENT OF HEALTH

#### DIVISION OF VITAL STATISTICS

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

SUPPLEMENTARY REPORT OF BIRTH County Registrar's No. \* *11644*

Place of Birth *Yuma* County *Gila* No. *Lower Canyon* St. *Arizona*

SEX OF CHILD*	Tw Tri or	and	Number in order of birth
DATE OF BIRTH*	<i>Jan 17</i> 1926		
FULL* NAME	FATHER <i>Louis Garcia</i>		
FULL* MAIDEN NAME	MOTHER <i>Rita Acuña</i>		

I HEREBY CERTIFY that the child described herein has been named

*Maria Luzia Socorro Lucia*  
(Give name in full) (Surname)

*Older Sister sign* *Mrs. J. G. Castro*  
(Parent's Signature) *both dead*

*Agustin D. Castro*  
Signature of Physician or Midwife

\*These items to be by the local registrar before giving out this form.

Blank supplement of birth may be obtained from the local registrar.



*471-1217-911*

RECEIVED  
JAN 12 1927  
File  
Ans.