3 5M 8-16-35

This return should preferably be made
y the person who made the original)

ARIZONA STAOARD OF HEALTH

BUREAUTAL STATISTICS

SUPPLEMENT REPORT OF BIRTH County Registrar's No.* 95

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

SEX OF CHILD*	Twin Triplet or other?	and	Number* in order of birth
Male			

DATE OF BIRTH* January 1- 1928
(Month) (Day) 193. (Y

FULL* NAME FATHER
Torivio Varela

FULL* MAIDEN NAME MOTHER
Anita Acosta

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

Blank supplemental reports of birth may be obtained from the local rerar.

Form X

I HEREBY CERTIFY that the child described herein has been named

Antonio Varela
(Give name in full) (Surname)

Torivio Varela
(Parent's Signature)

(Signature of Physician or Midwife)

151 - 101 - 111

APR 11 1928
Ans. Files