

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. 154

Place of Birth Mayaguez County USA No. _____ St. _____
(Registration District)

SEX OF CHILD <u>Male</u>	Twin Triplet or other? <u>1</u>	and	Number in order of birth <u>1</u>
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I HEREBY CERTIFY that the child described herein has been named

DATE OF BIRTH: March 22 1928 Jorge Mario Martinez
(Month) (Day) (Year) (Give name in full) (Surname)

FULL NAME FATHER Leopoldo Martinez Juana Ramirez
(Parent's Signature)

FULL MAIDEN NAME MOTHER Mrs Dolores Munoz
(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 1-45

14A-322-442

RECEIVED

APR 11 1928

FILE