FOR BINDING
rt is to be pasted
riginal.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

-n should preferably be made
-on who made the original.)

SUPPLEMENTARY REPORT OF BIRTH

Local Registrar's No.*

Birth MIAMI, ARIZONA County Gila No. 36 Grover Cyn St.
n District)

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

BIRTH* April (Month) 12 (Day) 1928 (Year)

FATHER Tomas Martinez 1928

MOTHER Delfina Gardea

I HEREBY CERTIFY that the child described herein has been named

Manuel (Given name in full) Martinez (Surname)

Delfina Gardea (Father's or Mother's Signature)

F. F. Miller (Signature of Physician or Midwife)

F. F. MILLER, M.D.

ese items to be entered by the local registrar before giving out this form.

supplemental reports of birth may be obtained from the local registrar.
registrars must mail supplemental reports immediately to state registrar.

PLEASE WRITE PLAIN AND IN INK.

449 - 412 - 477

Ans.