

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

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

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No. * 182

Place of Birth Miami County DeLa No. 1134 Alderman St.
(Registration District)

I HEREBY CERTIFY that the child described herein has been named

SEX OF CHILD*	Twin Triplet or other?	and	Number in order of birth
<u>Female</u>	<u>✓</u>		
DATE OF BIRTH*	<u>Sept</u> (Month)	<u>29</u> (Day)	<u>1928</u> (Year)
FULL NAME	FATHER <u>Alvaro Arriola</u>		
FULL MAIDEN NAME	MOTHER <u>Petra Melendez</u>		

Sofia Arriola
(Give name in full) (Surname)

Petra Arriola
(Parent's Signature)

Raymond J. Frank
(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-8-42-Bower Co.

211-929-749

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