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.* 142

Place of Birth MIAMI (Registration District) County GILA No. LIVE OAK St.

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

DATE OF BIRTH* Nov (Month) 7 (Day) 1928 (Year)

FULL NAME FATHER ALEJANDRO CONTRERAS

FULL* MAIDEN NAME MOTHER GREGORIA NAVA

I HEREBY CERTIFY that the child described herein has been named

MARIA LUISA CONTRERAS
(Give name in full) (Surname)

Gregoria Nava Contreras
(Parent's Signature)

(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 10-1-43—S.P.Co.

432 - 1107 - 751

RECEIVED
DEC 12 1928
Ans.
File