147A

MARGIN RESERVED FOR BINDING
USE PERMANENT INK

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

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

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.*.....

Place of Birth (Registration District) MIAMI, ARIZONA County GILA No. 96 RED SPRINGS CANYON

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

DATE OF BIRTH* JAN (Month) 14 (Day) 1929 (Year)

FULL* NAME TRINIDAD (FATHER) LOYA

FULL* MAIDEN NAME ERLINDA (MOTHER) VARELA

I HEREBY CERTIFY that the child described herein has been named

ANTONIO (Give name in full) LOYA (Surname)

Trinidad Loya (Parent's Signature)

Subscribed & Sworn to before me this 26 day of Aug. 1945.

(Signature of Physician or Midwife)

Victor Rose
Notary Public in and for Los Angeles County, State of California

*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

131-114-527

My Commission Expires Sept. 26, 1948