

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.* 157

Place of Birth Claypool Ariz County Gila No. 10 Warriors Arizona

SEX OF CHILD*	Twin Triplet or other?		and		Number in order of birth
<u>Boy</u>					
DATE OF BIRTH*	<u>March</u>	<u>21</u>		<u>1927</u>	
	(Month)	(Day)		(Year)	
FULL* NAME	FATHER				
<u>Eulogio</u>	<u>avila</u>				
FULL* MAIDEN NAME	MOTHER				
<u>Cipriana</u>	<u>alverado</u>				

I HEREBY CERTIFY that the child described herein has been named

Benito avila (AVILA)
(Give name in full) (Surname)

Eulogio avila
(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.

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211-321-316

MARGIN RESERVED FOR BINDING
USE PERMANENT INK