3 5M 8-16-35

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

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

## SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.* 1965

Place of Birth Miami (Registration District) County Gila No. ..... St.

| SEX OF CHILD* | ~~Twin~~ ~~Triplet~~ or other? | and | Number* in order of birth |
|---|---|---|---|
| Male | | | |

DATE OF BIRTH* March (Month) 24 (Day) 1929 (Year)

FULL* NAME — FATHER: Emilio Pulido

FULL* MAIDEN NAME — MOTHER: Margarita Martinez

I HEREBY CERTIFY that the child described herein has been named

Epifanio Pulido
(Give name in full) (Surname)

Emilio Pulido
(Parent's Signature)

Cyril M. Loran
(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.

Form X

516-324-449