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.* 21

Place of Birth Miami, Ariz. (Registration District) County Gila No. #3126 Lowell Avenue St.

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

DATE OF BIRTH* / / 1929 (Month) (Day) (Year)

FULL* NAME FATHER Benigno Diaz

FULL* MAIDEN NAME MOTHER Rachel Dominguez [redacted]

*These items to be entered by the local registrar before giving out this form.

I HEREBY CERTIFY that the child described herein has been named

Acencion Diaz
(Give name in full) (Surname)

Victoria Diaz
(Parent's Signature)

Doctor Miller.
(Signature of Physician or Midwife)

Blank supplemental reports of birth may be obtained from the local registrar.

10M 1-45

149-331-949