MARGIN RESERVED FOR BINDING
USE PERMANENT INK

ARIZONA STATE DEPARTMENT OF HEALTH

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

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

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

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

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

DATE OF BIRTH* April (Month) 18 (Day) 1929 (Year)

FULL NAME	FATHER	Eleno C. Velasquez
FULL* MAIDEN NAME	MOTHER	Amparo Garcia

I HEREBY CERTIFY that the child described herein has been named

PERFECTO VELASQUEZ
(Give name in full) (Surname)

Eliseo Aviles
(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.

759-418-171