

MARGIN RESERVED FOR BINDING
USE PERMANENT INK

144

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.*.....

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

SEX OF CHILD* <u>Male</u>	Twin Triplet or other? }	and	{ Number in order of birth
DATE OF BIRTH* <u>May 6 1929</u>	(Month)	(Day)	(Year)
FULL* NAME <u>Pedro Olea</u>	FATHER		
FULL* MAIDEN NAME <u>Encarnacion Bravo</u>	MOTHER		

I HEREBY CERTIFY that the child described herein
has been named

ERNESTO OLEA

(Give name in full)

(Surname)

Encarnacion Olea

(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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561-506-526