MARGIN RESERVED FOR BINDING

This supplemental report is to be pasted beneath the original.

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

Local Registrar's No.*.....

Place of Birth (Registration District) HAYDEN County PIMA No. ..... St.

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

DATE OF BIRTH* MAY (Month) 17 (Day) 1929 (Year)

FULL* NAME FATHER LUCIO GARCIA

FULL* MAIDEN NAME MOTHER AMBROSIA VEA

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

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

Local registrars must mail supplemental repo mmediately to state registrar.

I HEREBY CERTIFY that the child described herein has been named

APOLONIO GARCIA
(Given name in full) (Surname)

Lucio A. Garcia
(Father's or Mother's Signature)

.....
(Signature of Physician or Midwife)

PLEASE WRITE PLAIN AND IN INK.

171-517-151