MARGIN RESERVED FOR BINDING
USE PERMANENT INK

177

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 (Registration District) Miami County Gila No.....St.

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

DATE OF BIRTH* May 19 1929 (Month) (Day) (Year)

FULL NAME FATHER REFUGIO VARGAS

FULL* MAIDEN NAME MOTHER ADELINA FLORES

*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

NATALIA PENTACOSTA VARGAS
(Give name in full) (Surname)

+ Adelina F. Alonzo
(Parent's Signature)

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

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

0M 10-1-43--S.P.Co.

552-519-162