ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.* 119

...turn should preferably be made ... person who made the original)

...ce of Birth Miami County Gila No. ... St.

...Registration District)

...OF CHILD*	Twin Triplet or other?	and	Number in order of birth
...le			3rd

...E OF BIRTH* June (Month) 5 (Day) 1929 (Year)

FATHER

...olfo Padilla

MOTHER

...rcedes Padilla

I HEREBY CERTIFY that the child described herein has been named

Abel Padilla

(Give name in full) (Surname)

Abigail Padilla

maternal aunt (Parent's Signature)

(Signature of Physician or Midwife)

...ms to be entered by the local registrar before giving out this form.

...lemental reports of birth may be obtained from the local registrar.

...4 12-46

171-605-471