

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  
(Registration District)

County

No.

St.

SEX OF CHILD* <u>Female</u>	Twin Triplet or other?	and	Number in order of birth
DATE OF BIRTH* <u>July 9-29</u> (Month) (Day) (Year)	FATHER <u>Lucas Martinez</u>		
FULL* NAME	MOTHER <u>Librada Martinez</u>		

I HEREBY CERTIFY that the child described herein  
has been named

Dolores Lucretia Martinez  
(Give name in full) (Surname)  
Anna P. Ochoa  
(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.