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.* 152

Place of Birth (Registration District) Miami County Gila No. 716 Live Oak St.

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

DATE OF BIRTH* July (Month) 12 (Day) 1929 (Year)

FULL NAME FATHER Eualuterio Carlos Tovar

FULL MAIDEN NAME MOTHER Guadalupe Gonzalez

I HEREBY CERTIFY that the child described herein has been named

ALICIA (Give name in full) TOVAR (Surname)

Eualuterio Carlos Tovar (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.

OM 10-1-43—S.P.Co.