

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

(This return should preferably be made
by the person who made the original)

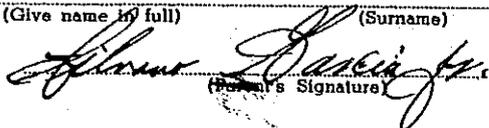
SUPPLEMENTARY REPORT OF BIRTH County Registrar's No.*.....

Place of Birth Miami County Gila No. St.

(Registration District)

SEX OF CHILD* F Twin } and { Number
Triplet } in order
or other? } of birthDATE OF BIRTH* August 4 1929
(Month) (Day) (Year)FULL NAME Justo Parga
FATHERFULL MAIDEN NAME Felicitas Garcia
MOTHERI HEREBY CERTIFY that the child described herein
has been namedJOSEFINA PARCA

(Give name in full) (Surname)



(Physician'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.

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171-804-671