

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No. *189*

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

Place of Birth *Miami*
(Registration District)

County *Dade*

No. *Report No. #2* St.

SEX OF CHILD* <i>Female</i>	Twin Triplet or other?	and	Number in order of birth
DATE OF BIRTH* <i>Aug 14 1929</i>	(Month)	(Day)	(Year)
FULL NAME <i>Sidon Esterane</i>	FATHER		
FULL MAIDEN NAME <i>Micaela Campa</i>	MOTHER		

I HEREBY CERTIFY that the child described herein has been named

Dalia Elia Esterane
(Give name in full) (Surname)

M. C. Esterane
(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.

5M 6/20/41

455-814-431

5 OCT 11 1929

NOTICE: This certificate is not valid unless it is signed by the Registrar of Births and Deaths, or by a duly authorized agent, and is subject to the provisions of the laws of the State of Arizona.