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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.
(Registrar's District)SEX OF CHILD
Male
Twin, triplet or other? { and } Number in order of birthDATE OF BIRTH Sept 23 1929
(Month) (Day) (Year)FULL NAME OF FATHER
Antonio DiazFULL MAIDEN NAME OF MOTHER
Justina Esparza

*These items should be entered by the local registrar before giving out this form.

Blank supplementary reports of birth may be obtained from the local registrar.

I HEREBY CERTIFY that the child described herein has been named

EDUARDO LINO DIAZ

(Give name in full) (Surname)

Antonio L. Diaz
(Parent's Signature)

(Signature of Physician or Midwife)

549-923-151

MARGIN RESERVED FOR BINDING
USE PERMANENT INK