

MARGIN RESERVED FOR BINDING
USE PERMANENT INK

PENDING

175 A

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*	Twin Triplet or other?	}	and	}	Number in order of birth
Male					

I HEREBY CERTIFY that the child described herein
has been named

EZEQUIEL GARCIA

(Give name in full) (Surname)

DATE OF BIRTH* September 28 1929
(Month) (Day) (Year)

FULL NAME FATHER
Ezequiel Garcia

Ignacia D Orabeana
(Parent Signature)

FULL MAIDEN NAME MOTHER
Maria Daniel

(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.

571-928-443