

MARGIN RESERVED FOR BINDING

This supplemental report is to be pasted beneath the original.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

126

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

SUPPLEMENTARY REPORT OF BIRTH

Local Registrar's No. * 17

Place of Birth HAYDEN County GILA No. _____ St. _____

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

DATE OF BIRTH * Oct 9 1929
(Month) (Day) (Year)

FULL * FATHER NAME Juan Santa Maria

FULL * MOTHER NAME Juan Prava

I HEREBY CERTIFY that the child described herein has been named

ANTONIA SANTA MARIA
(Given name in full) (Surname)

Josefa B Santa Maria
(Father's or Mother'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.
Local registrars must mail supplemental reports immediately to state registrar.

PLEASE WRITE PLAIN AND IN INK.

121-1009-126