170A

MARGIN RESERVED FOR BINDING
USE PERMANENT INK

A STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

(This return should p
by the person who m

IPPLEMENTARY REPORT OF BIRTH

County Registrar's No.*

Place of Birth 1 County Gila No. 136 Miami Ave. St.
(Registration Distr or Mex. Canyon

SEX OF CHILD* Female | Tw Tr cr | Number in order of birth

DATE OF BIRTH* 7 1929
(Day) (Year)

FULL NAME José Acosta

FULL MAIDEN NAME Lanchez

I HEREBY CERTIFY that the child described herein has been named

Micaela Acosta
(Give name in full) (Surname)

x José Maria Acosta
(Parent's Signature)

(Signature of Physician or Midwife)

*These items to b gistrar before giving out this form.

Blank supplemen be obtained from the local registrar.

10M 10-1-43—S.P.Co.

411-1027-329