

ARIZONA STATE BOARD OF HEALTH
BUREAU 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
<u>Female</u>			

DATE OF BIRTH* 11- 11-1929
(Month) (Day) (Year)

FATHER
Refugio Martinez

MOTHER
Santa de la Cruz

I HEREBY CERTIFY that the child described herein has
been named

Ernestina Martinez

(Give name in full)

(Surname)

Santa De la Cruz
(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.

Local registrars must mail supplemental reports immediately to county registrar. County registrars must mail with original certificate on tenth day of
following month.

549-1111-249