

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH County Registrar's No.\* 15041

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

Place of Birth Miami County Sierra No. \_\_\_\_\_ St. \_\_\_\_\_

SEX OF CHILD* <u>Male</u>	in let other? } and } Number in order of birth
DATE OF BIRTH* <u>Dec. 15 1929</u>	(Month) (Day) (Year)
FULL* NAME <u>Jose Martinez</u>	FATHER
FULL* MAIDEN NAME <u>Manuela Andrade</u>	MOTHER

I HEREBY CERTIFY that the child described herein has been named

Ricardo Hektor Martinez  
(Give name in full) (Surname)

Manuela Martinez  
(Parent's Signature)

(Signature of Physician or Midwife)

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

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



949-1215-415

MARGIN RESERVED FOR BINDING  
USE PERMANENT INK

