

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. 1003 Sullivan St.
(Registration District)

SEX OF CHILD*	Twin Triplet or other?	and	Number in order of birth
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I HEREBY CERTIFY that the child described herein has been named

DATE OF BIRTH* Jan 4 1927
(Month) (Day) (Year)

Robert Laguna
(Give name in full) (Surname)

FATHER
FULL NAME Manuel F Laguna

Ricarda B Laguna
(Parent's Signature)

MOTHER
FULL MAIDEN NAME Ricarda Bejarano

Manuel F Laguna
(Signature of Physician or Midwife)

F. J. Miller

*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.
DM 11-41 A.P.

931-104-926

F. F. MILLER, M. D.
2891 University Ave.
San Diego, Calif.