

198A

ARIZONA STATE DEPARTMENT OF HEALTH

(This return should preferably be made by the person who made the original) DIVISION OF VITAL STATISTICS SUPPLEMENTARY REPORT OF BIRTH County Registrar's No.*

Place of Birth Miami, Arizona County Gila No. 1104 Live Oak st. St. (Registration District)

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

DATE OF BIRTH* 1 27 1927 (Month) (Day) (Year)

FULL NAME FATHER Teofilo Zuniga Badillo

FULL MAIDEN NAME MOTHER Maria De La Luz Dominguez

I HEREBY CERTIFY that the child described herein has been named

Maria Celia Dominguez Badillo (Give name in full) (Surname)

(Parent's Signature) Cyril M. Brown M.D. (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. 10M-8-42-Bower Co.

426-127-449

USE PERMANENT INK