

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. 169

Place of Birth Miami County Pima No. 528 Gibson St.
(Registration District)

SEX OF CHILD*	Twin Triplet or other? <input checked="" type="checkbox"/>	and	Number in order of birth <u>4</u>
<u>Female</u>			

I HEREBY CERTIFY that the child described herein has been named

DATE OF BIRTH* Feb 24 1927
(Month) (Day) (Year)

Maria Socorro Romero
(Give name in full) (Surname)

FULL* FATHER
NAME Prudenciano Romero

(Parent's Signature)

FULL* MOTHER
MAIDEN NAME Josefa Flores

Joseph M. Cronin
(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 10-1-43-S.P.Co.

496-224-162

APR 12 1927

Ans. File

USE PERMANENT INK