MARGIN RESERVED FOR BINDING
USE PERMANENT INK

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 (Registration District) Gila County Miami No. ..... St.

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

DATE OF BIRTH* April 10, 1927 (Month) (Day) (Year)

FULL NAME — FATHER: Daniel Munoz Guerrero

FULL* MAIDEN NAME — MOTHER: Concha Roman Guerrero

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

I HEREBY CERTIFY that the child described herein has been named

Maria Munoz Guerrero
(Give name in full) (Surname)

See Court Order
56
(Parent's Signature)

(Signature of Physician or Midwife)

Blank supplemental reports of birth may be obtained from the local registrar.
10M 10-1-42—S.P.Co.

476-410-395

VED
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