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.* 121

Place of Birth Miami (Registration District) County Gila No. Live oak Canon No 44

SEX OF CHILD* Male | Twin ~~Triplet~~ or other single and | Number in order of birth 7

DATE OF BIRTH* May (Month) 1 (Day) 1927 ~~1944~~ (Year)

FULL NAME FATHER Pastor Berumen

FULL* MAIDEN NAME MOTHER Erlinda Suriano

I HEREBY CERTIFY that the child described herein has been named

Pastor ~~Berumen~~ (Give name in full) Berumen ~~Pastor S.~~ (Surname)

Pastor Berumen (Parent's Signature)

Cyril M. Leon 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.

725-501-526