MARGIN RESERVED FOR BINDING
USE PERMANENT INK

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.* 160

*Place of Birth (Registration District) MIAMI County GILA No. St.

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

DATE OF BIRTH* AUGUST (Month) 16 (Day) 1927 (Year)

FULL* NAME FATHER VIVIANO LUEBANO

FULL* MAIDEN NAME MOTHER JESUS GOMEZ

*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 GUADALUPE LUEBANO
(Give name in full) (Surname)

Viviano Luebano
(Parent's Signature)

(Signature of Physician or Midwife)

Blank supplemental reports of birth may be obtained from the local registrar.

10M 10-1-43—S.P.Co.

436 - 816 - 179

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