

BOUNDING
SEPARATE

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. * 104

Place of Birth Miami, Arizona County Gila No. _____ St. _____
(Registration District)

| | | | |
|--|---------------------------------------|-----|---|
| SEX OF CHILD* <u>female</u> | Twin Triplet or other? <u>1</u> | and | Number in order of birth <u>3</u> |
| DATE OF BIRTH* <u>11</u> | <u>4</u> | | <u>27</u> |
| FULL NAME <u>Rodolfo Lucero</u> | FATHER | | |
| FULL MAIDEN NAME <u>Maria Luisa Serrano</u> | MOTHER | | |

I HEREBY CERTIFY that the child described herein has been named

Gloria Lucero
(Give name in full) (Surname)

Mrs. Maria Luisa Lucero
(Parent's Signature)

(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 11-41 A.P.

736-1104-424

MARGIN RESERVED FOR BINDING
USE PERMANENT INK