

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.\*

Place of Birth Miami

(Registration District)

County Gila

No. \_\_\_\_\_

St. DC

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

DATE OF BIRTH\* December 7, 1927  
(Month) (Day) (Year)

FATHER  
FULL NAME Armando Cabrera

MOTHER  
FULL MAIDEN NAME Josefina Rodriguez

\*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.

I HEREBY CERTIFY that the child described herein has been named

Lucia Cabrera  
(Give name in full) (Surname)

Armando Cabrera  
(Parent's Signature)  
(Signature of Physician or Midwife)

331-1207-199