

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. ¹¹⁹⁵ _____

Place of Birth MIAMI, ARIZONA County GILA No. 2097 _____ St.

(Registration District)

SEX OF CHILD* <u>M.</u>	Twin Triplet or other? _____	and	Number in order of birth
DATE OF BIRTH* <u>FEB 22-1930</u>			
(Month)		(Day)	(Year)
FATHER FULL NAME <u>GERTRUDIS ROMERO</u>		MOTHER FULL NAME <u>DOMITILA Ruelas</u>	

I HEREBY CERTIFY that the child described herein has been named

Paul Romero
(Give name in full) (Surname)

Domitila Ruelas Romero
(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 1-45

996-222-492