ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

is return should preferably be made the person who made the original)

County Registrar's No.* 182

ace of Birth MIAMI, ARIZ County GILA No. SULLIVAN St.
(Registration District)

X OF CHILD* FEM.	Twin Triplet or other?	and	Number in order of birth 2nd
TE OF BIRTH* July (Month)	15 (Day)	1930 (Year)	
ULL AME	FATHER MANUEL COSIO Sr.		
ULL* AIDEN AME	MOTHER CONSUELO GUTIERREZ Sr		

I HEREBY CERTIFY that the child described herein has been named

CONSUELO COSIO
(Give name in full) (Surname)

Manuel Cosio Sr
(Parent's Signature)

(Signature of Physician or Midwife)

Dr. CRONE

*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.

OM 10-1-43—S.P.Co.

336-75-379

3-25-76 (4) 4/21