

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.* 218

Place of Birth _____ County _____ No. _____ St. _____
(Registration District)

SEX OF CHILD*	Twin Triplet or other?	S { and }	Number in order of birth
Female			2nd

I HEREBY CERTIFY that the child described herein has been named

ANA LUNA

DATE OF BIRTH* JULY 27, 1930
(Month) (Day) (Year)

(Give name in full)

(Surname)

FULL NAME FATHER
 Baltasar Luna

Agustina S Romo
(Parent's Signature)

FULL MAIDEN NAME MOTHER
 Virginia Galves

Aunt of above child.
 Father is dead and mother is in Mexico
(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.
 OM-8-42-Bower Co.

131-727-572