MARGIN RESERVED FOR BINDING
USE PERMANENT INK

66733-102

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

(This return should preferably be made by the person who made the original)

County Registrar's No.* 135

Place of Birth Miami Ariz County Gila No. 311 Live Oak St.
(Registration District)

SEX OF CHILD*	Twin Triplet or other?	and	Number in order of birth
Feminine			

DATE OF BIRTH* Sept (Month) 2 (Day) 1930 (Year)

FULL* NAME FATHER Ramon Lucero

FULL* MAIDEN NAME MOTHER Jesus Felix Lucero

I HEREBY CERTIFY that the child described herein has been named

Elena Lucero
(Give name in full) (Surname)

Ramon Lucero
(Parent's Signature)

Dr. Miller
(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

536-902-167