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)

Place of Birth Miami Ariz. County Gila County Registrar's No.*

(Registration District) No. Grover Canyon St.

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

DATE OF BIRTH* Sept. (Month) 28 (Day) 1930 (Year)

FULL* NAME Severo Medina FATHER

FULL* MAIDEN NAME Guadalupe Lemon MOTHER

I HEREBY CERTIFY that the child described herein has been named Pedro Medina (Give name in full) Severo Medina (Surname)

Severo Medina and Guadalupe Lemon (Parent's Signature)

(Signature of Physician or Midwife)

*These items to be by the local registrar before giving out this form.

Blank supplement birth may be obtained from the local registrar.

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741-928-735

Arizona State Board of Heal