

MARGIN RESERVED FOR BINDING  
USE PERMANENT INK

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

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

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.\*.....

Place of Birth Miami County Gila No. .... St. ....  
(Registration District)

SEX OF CHILD*	Twin Triplet or other?	}	and	}	Number in order of birth
<u>Female</u>					

DATE OF BIRTH\* Oct. 2, 1930  
(Month) (Day) (Year)

FULL NAME FATHER  
Daniel Muñoz Guerrero

FULL MAIDEN NAME MOTHER  
Concha Roman Guerrero

I HEREBY CERTIFY that the child described herein  
has been named

Angela Muñoz Guerrero  
(Give name in full) (Surname)

See Court Order  
(Parent's Signature)

# 56  
(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 10-1-43-S.P.Co.

176-1002-395

Arizona State Board of Health