MARGIN RESERVED FOR BINDING
USE PERMANENT INK

# 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.* 131

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

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

DATE OF BIRTH* April 15, 1931
(Month) (Day) (Year)

FULL NAME FATHER Henry E. Fuller

FULL* MAIDEN NAME MOTHER Amparo Valle

I HEREBY CERTIFY that the child described herein has been named

Richard Lloyd Fuller
(Give name in full) (Surname)

Mrs Amparo Fuller
(Parent's Signature)

969-415-155
(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 11-41 A.P.

(Out April 18 - 1931)