140aa

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

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

SUPPLEMENTARY REPORT OF BIRTH

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

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

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

DATE OF BIRTH* May (Month) 29 (Day) 1931 (Year)

FULL* NAME — FATHER: Cipriano Pedroza

FULL* MAIDEN NAME — MOTHER: Clentilde Guzman

I HEREBY CERTIFY that the child described herein has been named

LUCA J. PEDROZA (Give name in full) (Surname)

Lucas J. Pedroza (Parent's Signature)

Clotilde Guzman (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.

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371-529-375