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.* 110

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

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

DATE OF BIRTH* February (Month) 10 (Day) 1932 (Year)

FULL NAME FATHER Marcial Guerra.

FULL* MAIDEN NAME MOTHER Maria Vega.

I HEREBY CERTIFY that the child described herein has been named

Arturo Guerro
(Give name in full) (Surname)

Marcial Guerra Maria Vega.
(Parent's Signature)

Loyal M. Brown M.D.
(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—8-42—Bowen Co.

176-210-451