

MARGIN RESERVED FOR BINDING

STATE OF ARIZONA
DEPARTMENT OF HEALTH
VITAL RECORDS

ARIZONA STATE BOARD OF HEALTH

BUREAU 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 State County Yuma No. St.
(Registration District)

SEX OF CHILD <u>Male</u>	Twin Triplet or other?	and	Number in order of birth
DATE OF BIRTH <u>March 1 1932</u>	(Month)	(Day)	(Year)
FULL NAME <u>Romulo Leos</u>	FATHER		
FULL MAIDEN NAME <u>Luisa Leos</u>	MOTHER		

I HEREBY CERTIFY that the child described herein has been named

Romulo Leos
(Give name in full) (Surname)

Luisa Leos
(Parent's Signature)

(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.

6M 7/11/40

932-301-362