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.* 103

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

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

DATE OF BIRTH* March (Month) 3 (Day) 1932 (Year)

FULL* NAME FATHER Higinio Zepeda

FULL* MAIDEN NAME MOTHER Virginia Cordova

I HEREBY CERTIFY that the child described herein has been named

Paula Zepeda
(Give name in full) (Surname)

Theodora E. Valdez
(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.

1-45

791-303-531

APR 18 1932