MARGIN RESERVED FOR BINDING
USE PERMANENT INK

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.* 122

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

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

DATE OF BIRTH* May 9, 1932 (Month) (Day) (Year)

FULL* NAME FATHER Federico Lugo

FULL* MAIDEN NAME MOTHER Refugio Casillas

*These items to be entered by the local registrar before giving out this form.

I HEREBY CERTIFY that the child described herein has been named Elvira Gloria (Give name in full) Lugo (Surname)

X Refugio Casillas (Parent's Signature)

(Signature of Physician or Midwife)

Blank supplemental reports of birth may be obtained from the local registrar.

® 10M 12-45

171-509-932

ARIZONA STATE BOARD OF HEALTH
RECEIVED
JUN 4 1932