MARGIN RESERVED FOR BINDING
USE PERMANENT INK

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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.* 957

Place of Birth (Registration District) HAYDEN County GILA No. ..... St.

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

DATE OF BIRTH* Nov (Month) 26 (Day) 1982 (Year)

FULL* NAME FATHER JESUS PENA

FULL* MAIDEN NAME MOTHER FELICIANA LUJAN

*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

GREGORIA PENA
(Give name in full) (Surname)

Feliciana L Peña
(Parent's Signature)

(Signature of Physician or Midwife)

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

10M 1-45

771-1126-635