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 Local Registrar's No.*

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

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

I HEREBY CERTIFY that the child described herein has been named

Lucilla Carmen Benitez
(Give name in full) (Surname)

DATE OF BIRTH April 1 193 3
(Month) (Day) (Year)

FULL* NAME FATHER Hans Benitez

Carmen Benitez
(Parent's signature)

FULL* MAIDEN NAME MOTHER Carmen Matrazzo

Steven S. Bridgford
(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.

Local registrars must mail supplemental reports immediately to county registrar. County registrars must mail with original certificate on tenth day of following month.

B29-401-342