

677

SM 5-1-31

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

return should preferably be made by the person who made the original report.

SUPPLEMENTARY REPORT OF BIRTH County Registrar's No. *

Place of Birth Elk County Pima No. _____ St. _____

SEX OF CHILD*	Twin Triplet or other?	and	Number* in order of birth
<u>Male</u>			

DATE OF BIRTH* Febr 21 1944
(Month) (Day) (Year)

FATHER Pablo Lopez Lucio

MOTHER Paula Chacon Lucio

I HEREBY CERTIFY that the child described herein has been named

José Beverino Lucio (Give name in full) Lucio (Surname)

Paula Chacon Lucio (Parent's Signature)

(Signature of Physician or Midwife)

*Use items to be entered by the local registrar before giving out this form.
*If supplemental reports of birth may be obtained from the local registrar.
*If registrars must mail supplemental reports immediately to county registrar. County registrars must mail with original certificate on tenth day of month.

136-221-735

REC