

MARGIN RESERVED FOR BINDING
USE PERMANENT INK

ARIZONA STATE DEPARTMENT OF HEALTH

(This return should preferably be made by the person who made the original) DIVISION OF VITAL STATISTICS SUPPLEMENTARY REPORT OF BIRTH County Registrar's No.*.....

Place of Birth Miami Ariz. County Dade No. Live Oak St.
(Registration District)

SEX OF CHILD* <u>Female</u>	Twin Triplet or other?	and	Number in order of birth <u>1</u>
DATE OF BIRTH	<u>Nov</u> (Month)	<u>5</u> (Day)	<u>1916</u> (Year)
FULL NAME	FATHER <u>Juan Perez</u>		
FULL MAIDEN NAME	MOTHER <u>Isabel Ferrer</u>		

I HEREBY CERTIFY that the child described herein has been named

Lydia Perez
(Give name in full) (Surname)

Virginia Rodriguez
(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.
10M-8-42-Bower Co.

379-1105-963