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# Damaged Document(s)

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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. \*

Place of Birth (Registration District)

*Miami County Yuma*

No.

St.

SEX OF CHILD\*

*Female*

win triplet or other? and Number in order of birth

I HEREBY CERTIFY that the child described herein has been named

DATE OF BIRTH

*July 17-21*  
(Month) (Day) (Year)

*Marcelina Peratta*  
(Give name in full) (Surname)

FULL NAME

FULL MAIDEN NAME

*Juan Peratta*  
FATHER  
*Lidia Urbina*  
MOTHER

*Marcelina P Lopez*  
(Parent's Signature)

(Signature of Physician or Midwife)

\*These items

be entered by the local registrar before giving out this form.

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Additional reports of birth may be obtained from the local registrar.

471-717-241