

# Damaged Document(s)

**ARIZONA STATE DEPARTMENT OF HEALTH**  
 DIVISION OF VITAL STATISTICS

(This return should only be made by the person who has the original)

County Registrar's No. \*123-

Place of Birth omi County Gila No. Red Springs St.

(Registration District)

SEX OF CHILD*		and		Number in order of birth	I HEREBY CERTIFY that the child described herein has been named <u>Cecilia Mesa</u> <small>(Give name in full)</small> <small>(Surname)</small> <u>Carlina Mesa</u> <small>(Parent's Signature)</small>  <small>(Signature of Physician or Midwife)</small>
DATE OF BIRTH	Month	Day	Year		
FULL NAME	FATHER				
FULL MAIDEN NAME	MOTHER				

\*These items should be filed by the local registrar before giving out this form.

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

10M 11-41 A.P.

341-1007-391