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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. *116

Place of Birth _____ County _____ No. _____ St. _____
(Registration District)

SEX OF CHILD* Twin or other? and Number in order of birth 2nd

DATE OF BIRTH* Nov. 3 1921
(Month) (Day) (Year)

FULL NAME FATHER *Seferino Cerne*

FULL MAIDEN NAME MOTHER *Elvira Tovar*

I HEREBY CERTIFY that the child described herein has been named

Esther Marie Cerne
(Give name in full) (Surname)

Elvira Tovar
(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.

531-1103-539

MARGIN RESERVED FOR BINDING
USE PERMANENT INK
11203