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3 5M 5-1-31

ARIZONA STATE BOARD OF HEALTH  
BUREAU 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 Miami County Dade No. \_\_\_\_\_ St. \_\_\_\_\_  
(Registration District)

SEX OF CHILD\* Female Twin or Triplet or other? \_\_\_\_\_ and \_\_\_\_\_ Number in order of birth \_\_\_\_\_

DATE OF BIRTH\* January 10 1977  
(Month) (Day) (Year)

FATHER  
FULL NAME Jesus Maria Navarro

MOTHER  
FULL MAIDEN NAME Amada Sabedra

I HEREBY CERTIFY that the child described herein has been named

Romelia Navarro  
(Give name in full) (Surname)

Jesus Maria Navarro  
(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.  
Local registrars must mail supplemental reports immediately to county registrar. County registrars must mail with original certificate on tenth day of following month.

956-110-121