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MARGIN RESERVED FOR BINDING

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 Gila County Globe No. _____ St. _____

SEX OF CHILD*	Twin Triplet or other?	and	Number in order of birth
DATE OF BIRTH*	<u>March</u>	<u>12</u>	<u>1972</u>
	(Month)	(Day)	(Year)
FULL* NAME	FATHER <u>Ramulfo Leos</u>		
FULL* MAIDEN NAME	MOTHER <u>Luisa Flores</u>		

I HEREBY CERTIFY that the child described herein has been named

Stephanie Leos
(Give name in full) (Surname)

Luisa F. Leos
(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.

SM 7/11/40

732-312-362