

981

PLACE OF BIRTH
 County of _____
 District of _____
 Town of _____
 City of _____
 Name of child _____
 Sex of child _____
 Date of birth _____
 Name of father _____
 Name of mother _____

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 Globe County Gila No. _____ St. _____

SEX OF CHILD* <u>Female</u>	Twin Triplet or other?	and	Number in order of birth
DATE OF BIRTH* <u>Apr. 28-22</u>	(Month)	(Day)	(Year)
FULL NAME <u>Manuel Verdugo</u>	FATHER		
FULL MAIDEN NAME <u>Aurelia Martinez</u>	MOTHER		

I HEREBY CERTIFY that the child described herein has been named
Mary Louise Verdugo
 (Give name in full) (Surname)
Aurelia Verdugo
 (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 11-41 A.P.

456-428-149

MARGIN RESERVED FOR BINDING
 USE PERMANENT INK

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