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ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No. * 1129

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

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

Place of Birth Miami County Gila No. _____ St. _____

SEX OF CHILD*	Twin Triplet or other?	}	and	}	Number in order of birth
<u>girl</u>					

DATE OF BIRTH* Aug. 29 1922
(Month) (Day) (Year)

FATHER
FULL NAME Antonio Verdugo

MOTHER
FULL MAIDEN NAME Angela Arvizu

I HEREBY CERTIFY that the child described herein has been named
Naomi Timolia Verdugo
(Give name in full) antonio (Surname)

M. and Mrs. 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.

✓ 556-822-114

2022 SEPTEMBER 1922

OFFICE OF THE REGISTRAR

MARGIN US