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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.* 142

Place of Birth Miami County Gila No. live oak St.

SEX OF CHILD* <u>Male</u>	Twin Triplet or other?	{ and }	Number in order of birth
DATE OF BIRTH* <u>11</u> <u>oct</u> <u>1922</u>		(Month)	(Day) (Year)
FULL* NAME	FATHER <u>Cipriano pedroza</u>		
FULL* MAIDEN NAME	MOTHER <u>Clotilde Guzman.</u>		

I HEREBY CERTIFY that the child described herein has been named

Antonio pedroza
(Give name in full) (Surname)

Henry E. Aloud
(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 1-45

171-1011-375