

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 Gila No. 804 Line Oak St.

SEX OF CHILD* female Twin Triplet or other? 1 and Number in order of birth 1

DATE OF BIRTH* November 29, 1922
(Month) (Day) (Year)

FULL NAME Lucas M. Enriquez FATHER

FULL MAIDEN NAME Juana Suarez MOTHER

I HEREBY CERTIFY that the child described herein has been named

Erudina Maria Enriquez
(Give name in full) (Surname)

Juana J. Enriquez
(Parent's Signature)

Byrd M. Brown
(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.
5M 5/20/41

559-1129-119