

ARIZONA STATE DEPARTMENT OF HEALTH

(This return should preferably be made by the person who made the original) DIVISION OF VITAL STATISTICS SUPPLEMENTARY REPORT OF BIRTH County Registrar's No. * *111*

Place of Birth *Miami* County *Pima* No. *Davis Canon St.*
(Registration District)

| | | | |
|------------------|-------------------------------------|-----------|--------------------------------|
| SEX OF CHILD* | Twin Triplet or other? | and | Number in order of birth |
| <i>Female</i> | <input checked="" type="checkbox"/> | | <i>1</i> |
| DATE OF BIRTH* | <i>Dec</i> | <i>31</i> | <i>1922</i> |
| | (Month) | (Day) | (Year) |
| FULL NAME | FATHER | | |
| | <i>Nestor Lujan Contreras</i> | | |
| FULL MAIDEN NAME | MOTHER | | |
| | <i>Candida Garcia</i> | | |

I HEREBY CERTIFY that the child described herein has been named

Lucey Garcia Contreras
(Give name in full) (Surname)

Candida G. Contreras
(Parent's Signature)

Byrd H. Brown MD.
(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-8-42- Power Co.

332-1231-371