

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. * 117

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

SEX OF CHILD* Male Twin Triplet or other? _____ and _____ Number in order of birth _____

DATE OF BIRTH: February 24 1923
(Month) (Day) (Year)

FULL NAME Hilario Duran FATHER

FULL MAIDEN NAME Julia Rodriguez MOTHER

I HEREBY CERTIFY that the child described herein has been named

Guadalupe Duran
(Give name in full) (Surname)

Hilario Duran
(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.

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745-221-199