

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.* 182

Place of Birth Maricopa county Gila No. _____ St.

SEX OF CHILD*	Twin Triplet or other?	and	Number in order of birth
<u>Female</u>			
DATE OF BIRTH* <u>March</u> <u>27</u> <u>1923</u>			
(Month) (Day) (Year)			
FULL NAME		FATHER	
<u>Josias Alonso</u>			
FULL MAIDEN NAME		MOTHER	
<u>Josefa Gomez</u>			

I HEREBY CERTIFY that the child described herein has been named

Guadalupe Alonso
(Give name in full) (Surname)

Josefa Gomez Alonso
(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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716-327-179