

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.\* 192

Place of Birth Albuquijona County Gila No. \_\_\_\_\_ St. \_\_\_\_\_  
(Registration District)

SEX OF CHILD* <u>Female</u>	Twin Triplet or other?	and	Number in order of birth
DATE OF BIRTH* <u>April 17 1923</u>	(Month)	(Day)	(Year)
FULL* NAME <u>Louis Gomez</u>	FATHER		
FULL* MAIDEN NAME <u>Rosa Cabral</u>	MOTHER		

I HEREBY CERTIFY that the child described herein has been named

Abelia Gomez (Give name in full) (Surname)  
Rosa Covich (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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179-417-933