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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.\*

Place of Birth Miami County Pima No. \_\_\_\_\_ St. \_\_\_\_\_  
(Registration District)

SEX OF CHILD*	Twin Triplet or other?	{ and }	Number in order of birth
<u>male</u>			
DATE OF BIRTH*	<u>May</u>	<u>7</u>	<u>23</u>
	(Month)	(Day)	(Year)
FULL NAME	FATHER		
	<u>Jose Gonzalez</u>		
FULL MAIDEN NAME	MOTHER		
	<u>Antonia Villarreal</u>		

I HEREBY CERTIFY that the child described herein has been named

Antonio Gonzalez  
(Give name in full) (Surname)

Angela Flores  
(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.  
DM-8-42-Bower Co.

179-507-153