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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. _____
Place of Birth Miami County Gile No. _____ St. _____
(Registration District)

SEX OF CHILD* Female Twin } and { Number
Triplet } in order
or other? } of birth

DATE OF BIRTH* June 5 1923
(Month) (Day) (Year)

FULL* FATHER
NAME Pedro Padilla

FULL* MOTHER
MAIDEN NAME Ursula Cervantes

I HEREBY CERTIFY that the child described herein
has been named

MARIANA PADILLA
(Give name in full) (Surname)

Mike Padilla
(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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MARGIN RESERVED FOR BINDING
USE PERMANENT INK