

10 16

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 Miami County Dade No. \_\_\_\_\_ St. \_\_\_\_\_  
(Registration District)

SEX OF CHILD* <u>Male</u>	Twin Triplet or other?	and	Number in order of birth
DATE OF BIRTH* <u>July 22 1923</u>	(Month)	(Day)	(Year)
FULL NAME <u>Cleofas Valerio</u>	FATHER		
FULL MAIDEN NAME <u>Elena Hurtado</u>	MOTHER		

I HEREBY CERTIFY that the child described herein has been named

Tony Valerio  
(Give name in full) (Surname)  
Cleofas Valerio  
(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.  
10M 11-41 A.P.

396-722-986