

2011

184

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 Phoenix County Gila No. \_\_\_\_\_ St. \_\_\_\_\_

SEX OF CHILD\* Male Twin, Triplet or other \_\_\_\_\_ and \_\_\_\_\_ Number in order of birth \_\_\_\_\_

DATE OF BIRTH\* Jan 29-24 (Month) (Day) (Year)

FULL NAME FATHER Lazarus Ajeda

FULL MAIDEN NAME MOTHER Apollonia Gota

I HEREBY CERTIFY that the child described herein has been named

Artemis Ajeda (Give name in full) (Surname)

Apollonia Chavery (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-8-42-Bower Co.

161-129-121