

1155

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

(This return should preferably be made by the person who made the original)

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No. * [#] 117

Place of Birth Miami County Dade No. Miami, Dade St.
(Registration District)

SEX OF CHILD* Female Twin Triplet or other? and } Number in order of birth 1

I HEREBY CERTIFY that the child described herein has been named

DATE OF BIRTH* Feb 8 1924
(Month) (Day) (Year)

Leophila Guerrero
(Give name in full) (Surname)

FULL NAME FATHER Daniel Guerrero

Daniel Guerrero
(Parent's Signature)

FULL MAIDEN NAME MOTHER Contha Roman

Raymond Brown MD
(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.

5/20/41

376-208-395