

11-3-4

ARIZONA STATE DEPARTMENT OF HEALTH

return should preferably be made  
by a person who made the original)

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH County Registrar's No.\* *609*

Place of Birth YUMA (Registration District) County of Yuma, Ariz. No. 325 3rd ..... St.

SEX MALE  Twin or other?  and  Number in order of birth 3

I HEREBY CERTIFY that the child described herein has been named

DATE OF BIRTH February 11 1924  
(Month) (Day) (Year)

Louis Higuera  
(Give name in full) (Surname)

FATHER Ysario Higuera

*Sofia Lorena Higuera*  
(Parent's Signature)

MOTHER Sofia Lorena

(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.  
1-41 A.P.

381-211-231