

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. * 12

Place of Birth Eslobo County Gila No. _____ St. _____

SEX OF CHILD* <u>Female</u>	Twin Triplet or other?	}	and	}	Number in order of birth
DATE OF BIRTH* <u>May</u> <u>14</u> <u>1924</u>	(Month)	(Day)	(Year)		
FULL* NAME <u>Carlota Serna</u>	FATHER				
FULL* MAIDEN NAME <u>Carmen Luna</u>	MOTHER				

I HEREBY CERTIFY that the child described herein has been named

Anna Serna
(Give name in full) (Surname)

Carlos Serna
(Parent's Signature)

Chunter
(Signature of Physician or Midwife)

angel J. Inoya

*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.