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157

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 Inspiration County Gila No. \_\_\_\_\_ St. \_\_\_\_\_

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

DATE OF BIRTH\* May 24 1924  
(Month) (Day) (Year)

FULL\* FATHER NAME Ronaldo Perez

FULL\* MOTHER MAIDEN NAME Bonifacia Medina

I HEREBY CERTIFY that the child described herein has been named

REBECCA MARIA PEREZ

(Give name in full)

(Surname)

Bonifacia Medina Ronaldo Perez  
(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 10-1-42-S.P.Co.

979-524-241