

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

County Registrar's No.*

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

SUPPLEMENTARY REPORT OF BIRTH

Place of Birth Yuma County Globe 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>29</u> <u>1924</u> (Month) (Day) (Year)			
FULL* FATHER NAME <u>Arnulfo Leos</u>			
FULL* MOTHER MAIDEN NAME <u>Luisa Flores</u>			

I HEREBY CERTIFY that the child described herein has been named

Maria Luz Leos (Give name in full) (Surname)

Luisa F. Leos (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.
7/11/40

432-529-362