

21111

ARIZONA STATE DEPARTMENT OF HEALTH

(This return should preferably be made by the person who made the original) DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No. * 16

USE PERMANENT INK

Place of Birth *Miami, Fla.* County *...* No. *...* St. *...*

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

DATE OF BIRTH: *June* 21, 1924 (Month) (Day) (Year)

FULL NAME FATHER *Jose Juan Gonzalez*

FULL MAIDEN NAME MOTHER *Lucencia Ruiz Gonzalez*

I HEREBY CERTIFY that the child described herein has been named

Maria Luiza Gonzalez (Give name in full) (Surname)

Lucencia Ruiz Gonzalez (Parent's Signature)

(Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

Blank supplement reports of birth may be obtained from the local registrar. 10M 10-1-43-S.P.Co.

479-621-399