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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 Miami County Dila No. _____ St. _____
(Registration District)

SEX OF CHILD* Female	Twin Triplet or other?	{ and }	Number in order of birth
DATE OF BIRTH* <u>July 5 1934</u> (Month) (Day) (Year)			
FULL NAME <u>Domingo Jauregui</u> FATHER			
FULL MAIDEN NAME <u>Felipa Remos</u> MOTHER			

I HEREBY CERTIFY that the child described herein has been named

Refugia Jauregui

(Give name in full) (Surname)

Antonio Padilla
(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-8-42-Bower Co.

919-705-692