**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 (Registration District) County _____ No. _____

| SEX OF CHILD* | Twin Triplet or other? | and | Number in order of birth |
|---|---|---|---|
| Fem | | | 2 |

DATE OF BIRTH* December (Month) 5 (Day) 1924 (Year)

FULL* NAME FATHER Jesús Sinohuiz.

FULL* MAIDEN NAME MOTHER Cleofas Duran

I HEREBY CERTIFY that the child described here has been named

Consuelo Sinohuiz
(Give name in full) (Surname)

Cleofas Duran
(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 1-45

329-1205-345