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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.*

Place of Birth Miami
(Registration District)

County Gila

No. 1603 Sullivan St.

SEX OF CHILD* Twin or other? } and { Number in order of birth

DATE OF BIRTH* 14 Dec 1924
(Month) (Day) (Year)

FULL NAME FATHER Manuel F Laguna

FULL MAIDEN NAME MOTHER Ricarda Bejarano

I HEREBY CERTIFY that the child described herein has been named

Manuel Laguna Jr
(Give name in full) (Surname)

Ricarda B Laguna
(Parent's Signature)

Manuel F Laguna
(Signature of Physician or Midwife)

F. F. Miller

*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 11-41 A.P.

431-1214-926

F. F. MILLER, M. D.
2881 University Ave.
San Diego, Calif.