MARGIN RESERVED FOR BINDING
USE PERMANENT INK

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.* 202

Place of Birth Miami (Registration District) County Gila No. St.

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

DATE OF BIRTH* January (Month) 18 (Day) 1925 (Year)

FULL NAME — FATHER: Raul Rivera

FULL* MAIDEN NAME — MOTHER: Refugio Cordova

I HEREBY CERTIFY that the child described herein has been named Maria Lilia Rivera (Give name in full) (Surname)

Raul Rivera (Parent's Signature)

Dr. Miller (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.

491-118-931

1-18-80 (X) 604 (1)