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.* 212

Place of Birth Globe Ariz County ..... No. ..... St.
(Registration District)

SEX OF CHILD* Male	Twin / Triplet / other? Single	and	Number in order of birth
DATE OF BIRTH* July (Month)	29th (Day)	1925 (Year)	
FULL* NAME	FATHER Casimiro Guerra		
FULL* MAIDEN NAME	MOTHER Casimira Aguilar		

I HEREBY CERTIFY that the child described herein has been named

Luis Guerra
(Give name in full) (Surname)

Casimiro Guerra
(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

371-729-319