

617-16-100
MARGIN RESERVED FOR BINDING
Palma
USE PERMANENT INK

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

94

(This return should preferably be made by the person who made the original)

SUPPLEMENTARY REPORT OF BIRTH County Registrar's No.*

Place of Birth Benson, Ariz County Cochise No. Boy 173 St.

SEX OF CHILD* <u>female</u>	Twin Triplet or other?	}	and	}	Number in order of birth
DATE OF BIRTH <u>September 6 1925</u>	(Month)	(Day)	(Year)		
FULL NAME <u>Antonio</u>	FATHER	<u>Palma</u>			
FULL MAIDEN NAME <u>Rosa</u>	MOTHER	<u>Lopez</u>			

I HEREBY CERTIFY that the child described herein has been named

Carmen Palma
(Give name in full) (Surname)

Rosa Lopez
(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.