

MARGIN RESERVED FOR BINDING

This supplemental report is to be pasted beneath the original.

3 SM 5-1-31

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

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

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No. ¹²⁹

Place of Birth *Miami Ariz* County *Gila* No. *Sullivan* St.

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

DATE OF BIRTH* *September 16* 19*25*
(Month) (Day) (Year)

FULL NAME *Jesus Segura*
FATHER

FULL MAIDEN NAME *Cruz Nancy de Segura*
MOTHER

I HEREBY CERTIFY that the child described herein has been named

Rogelio Segura
(Give name in full) (Surname)

Jesus Segura
(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.
Local registrars must mail supplemental reports immediately to county registrar.

County registrars must mail with original certificate on tenth day of following month.

921-916-359