

## 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.\*.....

Place of Birth Miami, Arizona County Hila No. 808 Pine Oak St.  
(Registration District)

SEX OF CHILD*	Twin Triplet or other?	{	and	}	Number in order of birth
<u>FEMALE</u>					<u>24</u>
DATE OF BIRTH*	<u>October</u>	<u>24</u>	<u>1925</u>		
	(Month)	(Day)	(Year)		
FULL NAME	FATHER <u>SANTIAGO ANDREO</u>				
FULL* MAIDEN NAME	MOTHER <u>EULALIA BENZOR</u>				

I HEREBY CERTIFY that the child described  
herein has been namedLYDIA RAFAELIA ANDREO

(Give name in full)

(Surname)

Eulalia Andreo  
(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 11-41 A.P.

316-1024-529

MARGIN RESERVED FOR BINDING  
USE PERMANENT INK

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