

MARGIN RESERVED FOR BINDING  
USE PERMANENT INK

ARIZONA STATE DEPARTMENT OF HEALTH

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

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.\*

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

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

DATE OF BIRTH Dec 28 1925  
(Month) (Day) (Year)

FULL NAME FATHER Amador Vega  
FULL MAIDEN NAME MOTHER Juana R. Vega

\*The child is to be entered by the local registrar before giving out this form.

Blat supplemental reports of birth may be obtained from the local registrar.  
10M-8-4-2-1925 Co.

I HEREBY CERTIFY that the child described  
herein has been named

Carmen Vega  
(Give name in full) (Surname)

Amador Vega  
(Parent's Signature)

Juana R. Vega  
(Signature of Physician or Midwife)

351-1228-199