

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. * 124

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

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

DATE OF BIRTH* May 6, 1926
(Month) (Day) (Year)

FULL NAME Benny Lucero FATHER

FULL MAIDEN NAME Margaret Ordony MOTHER

*These items to be entered by the local registrar before giving out this form.

I HEREBY CERTIFY that the child described herein has been named

Ernest Robert Lucero
(Give name in full) (Surname)

Mrs. Lucero
(Parent's Signature)

Dr. Horst
(Signature of Physician or Midwife)

Blank supplemental reports of birth may be obtained from the local registrar.

10M-8-42-Bower Co.

536-506-469

MARGIN RESERVED FOR BINDING
USE PERMANENT INK