

ARIZONA STATE DEPARTMENT OF HEALTH
 DIVISION OF VITAL STATISTICS
 SUPPLEMENTARY REPORT OF BIRTH

PLACE OF BIRTH

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

County Registrar's No. * 158

Place of Birth Miami County Gila No. 135 Miami Avenue St. _____

(Registration District)

I HEREBY CERTIFY that the child described herein has been named

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

Jose Luis LAZOS
 (Give name in full) (Surname)

DATE OF BIRTH* May 19 1926
 (Month) (Day) (Year)

x BERENA T. LAZOS
 (Parent's Signature) (Mother)

FULL* NAME Pomposo LAZOS
 FATHER

FULL* MAIDEN NAME Berena Talamantes
 MOTHER

(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.

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