

MARGIN RESERVED FOR BINDING
USE PERMANENT INK

135

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 County Fla No..... St.

(Registration District)

SEX OF CHILD* <u>Male</u>	Twin Triplet or other?	and	Number in order of birth
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I HEREBY CERTIFY that the child described herein
has been named

DATE OF BIRTH* June 21-26
(Month) (Day) (Year)

Luis Padilla
(Give name in full) (Surname)

FULL NAME Canuto FATHER Padilla

Canuto Padilla
(Parent's Signature)

FULL MAIDEN NAME Catalina Limon 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.

10M 10-1-43-S.P.Co.

371-621-335