

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
(Registration District)

County Gila

No.

St.

SEX OF CHILD* <u>Male</u>	Twin Triplet or other?	and	Number in order of birth
DATE OF BIRTH* <u>July 30 26</u> (Month) (Day) (Year)			
FULL NAME <u>Florentino Luesano</u>		FATHER	
FULL MAIDEN NAME <u>Maria del Refugio Martinez</u>		MOTHER	

I HEREBY CERTIFY that the child described
herein has been named

Alfonso M. Luesano
(Give name in full) (Surname)

Refugio Martinez
(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-8-42-Bower Co.

136-730-449

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