

MARGIN RESERVED FOR BINDING  
USE PERMANENT INK

# 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. \* 157

Place of Birth Miami  
(Registration District)

County Dade

No. 3011 Loomis Ave St.

SEX OF CHILD	Twin Triplet or other?	}	and	}	Number in order of birth
<u>girl</u>					
DATE OF BIRTH	<u>Aug</u>	<u>20</u>	<u>1926</u>		
	(Month)	(Day)	(Year)		
FULL NAME	FATHER				
	<u>Jose Gonzalez</u>				
FULL NAME	MOTHER				
	<u>Rosa Zamora</u>				

I HEREBY CERTIFY that the child described herein  
has been named

Clodia Gonzalez  
(Give name in full) (Surname)

Jose Gonzalez  
(Parent's Signature)

Dr. Leone  
(Signature of Physician or Midwife)

Items to be entered by the local registrar before giving out this form.

Supplemental reports of birth may be obtained from the local registrar.

OM 1-45

572-820-971