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ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

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

SUPPLEMENTARY REPORT OF BIRTH County Registrar's No. 203

Place of Birth Miami County Gila No. 821 Five Act St

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

DATE OF BIRTH* Aug 23 1926
(Month) (Day) (Year)

FULL* NAME Sebastian Centeno Juarez FATHER

FULL* MAIDEN NAME Rita Lugo MOTHER

I HEREBY CERTIFY that the child described herein has been named

Natalia Juarez
(Give name in full) (Surname)

Sebastian C. Juarez Rita Lugo
(Parent's signature)

J. J. Miller
(Signature of Physician or Midwife)

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

(Signature of Physician or Midwife)

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

Local registrars must mail supplemental reports immediately to county registrar. County registrars must mail with original certificate on tenth day of following month.

Desire to change name from Felipa to Natalia

519-823-936

RECEIVED
SEP 13 1926
File