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# 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...Gila..............No...........................St.
(Registration District)

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

DATE OF BIRTH*...August.....25.....1926
(Month)　(Day)　(Year)

| FULL NAME | FATHER |
|---|---|
| | Pilar Chavez |

| FULL* MAIDEN NAME | MOTHER |
|---|---|
| | Refugio Marez |

I HEREBY CERTIFY that the child described herein has been named

LUCIANA                    CHAVEZ
(Give name in full)          (Surname)

x _Refugia Marez_
(Parent's Signature)    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.

339-825-949