

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.* 202

Place of Birth Miami County Gila No. _____ St. _____
(Registration District)

SEX OF CHILD*	Twin Triplet or other?	}	and	}	Number in order of birth
Fe					
DATE OF BIRTH*	Oct. 26, 1926	(Month)	(Day)	(Year)	
FULL* NAME	FATHER Lauro Villaverde				
FULL* MAIDEN NAME	MOTHER Rosenda Salcido				

I HEREBY CERTIFY that the child described herein
has been named

Guadalupe Villaverde

(Give name in full)

(Surname)

Alen Villaverde

(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.

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755-1026-926