

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
(Registration District)County Gila

No. _____

St. _____

SEX OF CHILD* Twin }
Male Triplet } an }
or other? } Number
in order
of birthI HEREBY CERTIFY that the child described herein
has been namedDATE OF BIRTH* December 9 1926
(Month) (Day) (Year)GUADALUPE PEREZ

(Give name in full)

FULL* FATHER
NAME Jose PerezFrancisco Valencia
(Parent's Signature)FULL* MOTHER
NAME Tiburcia Alvaraz

(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.

779-1209-316

MARGIN RESERVED FOR BINDING
USE PERMANENT INK