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.*.....

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

SEX OF CHILD*	Twin Triplet or other?	and	Number in order of birth
Female			

DATE OF BIRTH* April 25, 1928 (Month) (Day) (Year)

FULL NAME FATHER Daniel Munoz Guerrero

FULL* MAIDEN NAME MOTHER Concha Roman Guerrero

I HEREBY CERTIFY that the child described herein has been named

Amparo Maria Munoz Guerrero
(Give name in full) (Surname)

See Court Order
56
(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.
10M 10-1-43—S.P.Co.

176-425-395