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.* 145

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

SEX OF CHILD*	Twin Triplet or other?		Number in order of birth
Girl		Boy	

DATE OF BIRTH* June (Month) 9 (Day) 1928 (Year)

FULL* NAME FATHER Guadalupe Peña

FULL* MAIDEN NAME MOTHER Soledad Andrade

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

I HEREBY CERTIFY that the child described herein has been named

Consuelo (Give name in full) Peña (Surname)

Guadalupe Peña (Parent's Signature)

(Signature of Physician or Midwife)

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

® 10M 1-45

371-609-215

JUL 11 1928

File

Ans