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.* 1

Place of Birth (Registration District) Miami, Arizona County Gila No. E-23 Davis Canyon St.

SEX OF CHILD*	Twin / Triplet / or other?	and	Number in order of birth
female			1

DATE OF BIRTH* October (Month) 2 (Day) 1928 (Year)

FULL NAME FATHER Luis Rico

FULL* MAIDEN NAME MOTHER Sara Llamas

I HEREBY CERTIFY that the child described herein has been named

Angelita Rico (Give name in full) (Surname)

Luis Rico (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.

196-1002-232