

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.\* 133

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

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

I HEREBY CERTIFY that the child described herein  
has been named

DATE OF BIRTH\* February 8, 1929  
(Month) (Day) (Year)

Lilly Nellie Rivera

(Give name in full) (Surname)

FULL\* FATHER  
NAME Pedro Rivera

Pedro Rivera  
(Parent's Signature)

FULL\* MOTHER  
MAIDEN NAME Manuela Hernandez

(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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391-208-489