MARGIN RESERVED FOR BINDING
USE PERMANENT INK

ARIZONA STATE DEPARTMENT OF HEALTH

(This return should preferably be made by the person who made the original)

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.* 117

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

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

DATE OF BIRTH* april 12th, 1929 (Month) (Day) (Year)

FULL NAME FATHER Emilio Luna,

FULL* MAIDEN NAME MOTHER Luz Maria Herrera

I HEREBY CERTIFY that the child described herein has been named

Socorro Berta Luna
(Give name in full) (Surname)

..... (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.

231-412-381