

ARIZONA STATE BOARD OF HEALTH

STATISTICS State Index No. ....  
 DATE OF BIRTH County Registrar No. ....  
 Local Registrar No. ....

St. ....  
 in a hospital or institution, give its NAME instead of street and  
 (If child is not yet named supplemental report, as

6. Legitimate?  7. Date of birth: Month Day

4. MOTHER

Full maiden name

5 Residence (Usual place of) If non-resident

6 Color or race

8. Place of birth (State and County)

Occupation Nature of infant

PHYSICIAN OR MIDWIFE'S NAME

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. 112

Place of Birth Miami, Arizona County No. St.

SEX OF CHILD*	Twin Triplet or other?	and	Number in order of birth
<u>fem.</u>			

I HEREBY CERTIFY that the child described herein has been named

DATE OF BIRTH\* June 3 1929  
 (Month) (Day) (Year)

Alicia Velia Jauregui  
 (Give name in full) (Surname)

FULL NAME FATHER Esteban Jauregui  
 FULL NAME MOTHER Concepcion Ramos

Esteban Jauregui (Parent's Signature)  
Concepcion Ramos (Signature of Physician or Midwife)  
Concepcion Ramos  
Dr. Brown

\*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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119-603-392

19. Local Registrar

19. County Registrar