

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

should preferably be made  
who made the original)

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.\*

Birth Miami County Gila No. \_\_\_\_\_ St. \_\_\_\_\_  
(on District)

D*	Twin	}	and	}	Number in order of birth
	Triplet or other?				

I HEREBY CERTIFY that the child described herein  
has been named

IRTH\* Sept. 10, 1929  
(Month) (Day) (Year)

Nicolassa Munoz Guerrero  
(Give name in full) (Surname)

**See Court Order**

FATHER

iel Munoz Guerrero

# 56  
(Parent's Signature)

MOTHER

ha Roman Guerrero

(Signature of Physician or Midwife)

ns to be entered by the local registrar before giving out this form.

lemental reports of birth may be obtained from the local registrar.  
I.P.Co.

576-910-395