

MAR 29



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.*

Place of Birth 7 Miami County Gila No. Red Springs St.
(Registration District)

I HEREBY CERTIFY that the child described herein has been named

SEX OF CHILD* <u>Girl</u>	Twin Triplet or other?	{ and }	Number in order of birth
DATE OF BIRTH* <u>11</u> <u>18</u> <u>29</u>	<small>(Month)</small>	<small>(Day)</small>	<small>(Year)</small>
FULL NAME <u>Ignacio Moreno</u>	FATHER		
FULL MAIDEN NAME <u>Josefina Mora</u>	MOTHER		

Oralia Moreno
(Give name in full) (Surname)
Josefina Moreno
(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-8-42-Bower Co.

646-1118-1111
 5-1-90
 5-903
 1/18/27
 1/27
 1/27
 1/27

RECEIVED AND FORWARDED TO THE LOCAL REGISTRAR
 COUNTY REGISTER OF BIRTHS