

ARIZONA STATE BOARD OF HEALTH

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

BUREAU OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No. *#155*

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* January 13th, 1927
(Month) (Day) (Year)

Herlinda Gumercinda Hernandez
(Give name in full) (Surname)

FULL NAME FATHER
Jose Hernandez

** Eulalia Rodriguez Hernandez*
(Parent's Signature)

FULL MAIDEN NAME MOTHER
Eulalia Rodriguez

(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.
 SM 5/20/41

889K 113 - 599

DECEASED

DOD: 03/24/1998

S/PN: 98-009311

RECEIVED
 FEB 11 1927
 Ans. _____ File _____