

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. * 21

Place of Birth Miami, Ariz. County Gila No. Five Oak St.

SEX OF CHILD*	Twin Triplet or other? <input checked="" type="checkbox"/>	{ and }	Number in order of birth
<u>Male</u>			
DATE OF BIRTH*	<u>January</u> (Month)	<u>31</u> (Day)	<u>1927</u> (Year)
FULL NAME	FATHER <u>Ambrosio Figueroa</u>		
FULL MAIDEN NAME	MOTHER <u>Aurelia Garcia</u>		

I HEREBY CERTIFY that the child described herein has been named

Pedro Figueroa
(Give name in full) (Surname)

Aunt. Esperanza Garcia
(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.

761-131-171

USE PERMANENT INK

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