

MARGIN RESERVED FOR BINDING  
USE PERMANENT INK

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.\* 15

Place of Birth... Missimi Arizona County Gila No. \_\_\_\_\_ St. \_\_\_\_\_  
(Registration District)

SEX OF CHILD*	Twin Triplet or other?	1	and	Number in order of birth
<u>male</u>				

DATE OF BIRTH\* February 17 1927  
(Month) (Day) (Year)

FULL NAME Juan Fernandez  
FATHER

FULL MAIDEN NAME Maria Parra Vargas  
MOTHER

I HEREBY CERTIFY that the child described  
herein has been named

Ernesto Fernandez  
(Give name in full) (Surname)

Maria Parra Vargas  
(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.

569-217-452