3 5M 5-1-31

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

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

## SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.* 180

Place of Birth Miami, Ariz. County Gila No. 93 Red Spring St.
(Registration District)

| SEX OF CHILD* | Twin Triplet or other? | and | Number* in order of birth |
|---|---|---|---|
| ale | | | |

DATE OF BIRTH* ay (Month) 21 (Day) 1927 (Year)

FULL* NAME — FATHER: Antonio rena Diaz

FULL* MAIDEN NAME — MOTHER: Carmen Fimbres Diaz

I HEREBY CERTIFY that the child described herein has been named

Jesus Pena Diaz
(Give name in full) (Surname)

x Carmen F. Diaz
(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. Local registrars must mail supplemental reports immediately to county registrar. County registrars must mail with original certificate on tenth day of following month.

This supplemental report is to be pasted beneath the original.

119-521-349