ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

n should preferably be made
on who made the original)

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.* 247

Birth MIAMI, ARIZONA County GILA No. 819 GIBSON St.
(Registration District)

ILD*	Twin Triplet or other?	and	Number in order of birth

BIRTH* JAN. (Month) 22 (Day) 1930 (Year)

FATHER
ENRIQUE PORRAS

MOTHER
ELEANOR L. PORRAS

I HEREBY CERTIFY that the child described herein has been named

Carlos Porras
(Give name in full) (Surname)

Eleanor L. Porras
(Parent's Signature)

(Signature of Physician or Midwife)

tems to be entered by the local registrar before giving out this form.

supplemental reports of birth may be obtained from the local registrar.
-Bower Co.

372-122-536

Received
FEB 11 1930
Arizona State Board

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