

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.\* 249.

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

SEX OF CHILD\* Male Twin Triplet or other? \_\_\_\_\_ and \_\_\_\_\_ Number in order of birth \_\_\_\_\_

I HEREBY CERTIFY that the child described herein has been named

DATE OF BIRTH\* January 23, 1930  
(Month) (Day) (Year)

Reymundo Aniguez  
(Give name in full) (Surname)

FULL NAME Antonio Aniguez FATHER

Information taken from delayed certificate  
(Parent's Signature)

FULL MAIDEN NAME Antonia Lopez MOTHER

\_\_\_\_\_  
(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.

FORM 11-41 A.P.

999-123-139

183195  
2207

Registration form with multiple sections for recording birth details, including fields for name, date, sex, and parental information. The form contains faint text and checkboxes, with handwritten entries in some fields.