

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. * K 1

Place of Birth Miami County Gila No. #3 Canyon Avenue St.
(Registration District)

SEX OF CHILD*	Twin Triplet or other?	{ and }	Number in order of birth
female			
DATE OF BIRTH*	February 6th, 1930		
	(Month)	(Day)	(Year)
FULL NAME	FATHER Enrique Hernandez		
FULL MAIDEN NAME	MOTHER Guadalupe Nunez		

I HEREBY CERTIFY that the child described
herein has been named

Katie Dorotea Hernandez

(Give name in full)

(Surname)

Guadalupe Hernandez
(Parent's Signature)

Newton D. Grayson
(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.

'OM 11-41 A.P.

289-206-759