ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.* 189

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

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

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

DATE OF BIRTH* February (Month) 17 (Day) 1930 (Year)

FULL NAME FATHER Tito Ybarra

FULL MAIDEN NAME MOTHER Adela Nuñez

*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 11-41 A.P.

I HEREBY CERTIFY that the child described herein has been named

Ernesto Ybarra (Give name in full) (Surname)

Adela Nuñez Ybarra (Parent's Signature)

(Signature of Physician or Midwife)

581-217-159

11 1930

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