

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

should preferably be made  
by the person who made the original

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No. \* 129

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

|                                |   |       |   |                      |
|--------------------------------|---|-------|---|----------------------|
| * Twin<br>Triplet<br>or other? | { | and   | } | Number               |
|                                |   |       |   | in order<br>of birth |
| DATE: <u>May 3d 1930</u>       |   |       |   |                      |
| (Month)                        |   | (Day) |   | (Year)               |
| FATHER: <u>Hernandez</u>       |   |       |   |                      |
| MOTHER: <u>sa Mosqueira</u>    |   |       |   |                      |

I HEREBY CERTIFY that the child described  
herein has been named

Jose Cruz Hernandez

(Give name in full)

(Surname)

Blaza on Hernandez  
(Parent's Signature)

(Signature of Physician or Midwife)

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

Additional reports of birth may be obtained from the local registrar.  
or Co.

189-503-241