

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

2571

Return should preferably be made  
to the person who made the original)

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No. \*

Place of Birth Morenci County Greenlee No. \_\_\_\_\_ St. \_\_\_\_\_

Registration District)

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

DATE OF BIRTH\* May 24 1930  
(Month) (Day) (Year)

LL\* FATHER  
NAME Luis M. Hernandez

JLL\* MOTHER  
AIDEN NAME Mariana Porras

I HEREBY CERTIFY that the child described herein has  
been named

Elias Hernandez  
(Give name in full) (Surname)

Luis M. Hernandez  
(Parent's Signature)

(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.  
Local registrars must mail supplemental reports immediately to county registrar. County registrars must mail with original certificate on tenth day of  
following month.

589-524-472