ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

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

County Registrar's No.* #165

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* July 8 - 1930 (Month) (Day) (Year)

FULL NAME — FATHER: Gonzalo Perea

FULL* MAIDEN NAME — MOTHER: Maria Hernandez

I HEREBY CERTIFY that the child described herein has been named

Jesus Perea (Give name in full) (Surname)

+ Maria Perea (Parent's Signature)

(Signature of Physician or Midwife)

*The 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-[illegible] A.P.

171-708-489

MARGIN RESERVED FOR BI

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