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.* 148

Place of Birth Miami (Registration District) County Arizona No. 1209 Azucenas St.

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

DATE OF BIRTH* Agost (Month) 13 (Day) 1930 (Year)

FULL* NAME FATHER Hermenegildo Tinajero

FULL* MAIDEN NAME MOTHER Soledad de la Trinidad

I HEREBY CERTIFY that the child described herein has been named

Pedro Tinajero ~~de la Trinidad~~ (Give name in full) (Surname)

Hermenegildo Tinajero M. (Parent's Signature)

Ma. Luisa Lara (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.

10M 1-45

736-813-244