BINDING

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

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

SUPPLEMENTARY REPORT OF BIRTH

Local Registrar's No.*

Place of Birth Miami (Registration District) County Gila No. #3 Canyon Ave. St.

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

DATE OF BIRTH* Dec. (Month) 25 (Day) 1930 (Year)

FULL* NAME FATHER Gregorio Medina Marez

FULL* MAIDEN NAME MOTHER Fannie Cadena

I HEREBY CERTIFY that the child described herein has been named

Manuel C. Marez (Give name in full) (Surname)

Fannie Cadena (Parent's signature)

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

(Signature of Physician or Midwife)

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.

ARIZONA STATE BOARD OF HEALTH
RECEIVED
JAN 12 1931