

ARIZONA STATE BOARD OF HEALTH

DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

REGISTERED

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

106a

This form should preferably be made by the person who made the original) **SUPPLEMENTARY REPORT OF BIRTH** County Registrar's No.

Place of Birth Miami County Bila No. 47 Dairy Hill St.
(Registration District)

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

I HEREBY CERTIFY that the child described herein has been named

DATE OF BIRTH* Feb - 1931
(Month) (Day) (Year)

Magdalena Pedroza
(Given name in full) (Surname)

FULL NAME FATHER Juan Pedroza

Guadalupe Vasquez
(Parent's Signature)

FULL NAME MOTHER Gregoria Aguirre

Raymond James
(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.

1-48-S.P.Co.

471-204-716



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