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.* 113

Place of Birth (Registration District) MIAMI County GILA No. E-59 DAVIS CANYON St.

SEX OF CHILD*	Twin Triplet or other?	and	Number in order of birth
MALE			9

DATE OF BIRTH* FEBRUARY (Month) 8 (Day) 1931 (Year)

FULL* NAME — FATHER: EDUARDO HERRERA

FULL* MAIDEN NAME — MOTHER: MATILDE GRADILLAS

I HEREBY CERTIFY that the child described herein has been named

ERNEST GRADILLAS HERRERA
(Give name in full) (Surname)

Matilde G Herrera
(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.

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581-208-472

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