ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.* 135

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

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

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

DATE OF BIRTH* Feb. (Month) 24 (Day) 1931 (Year)

FATHER

FULL NAME Roman Aguirre

MOTHER

FULL* MAIDEN NAME Desideria M. Aguirre

I HEREBY CERTIFY that the child described herein has been named

Modesto Aguirre (Give name in full) (Surname)

Roman Aguirre (Parent's Signature)

Dr. Millars (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 11-11 A.P.

415-224-415

MARGIN RESERVED FOR BIRTH USE PERMANENT INK