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.* 130-A

Place of Birth Miami Arizona (Registration District) County Gila No. 3 1/2 Turkey Shoot St.

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

DATE OF BIRTH* May 22, 1931 (Month) (Day) (Year)

FULL NAME FATHER Rafael Trujillo

FULL* MAIDEN NAME MOTHER Antonia Perez

I HEREBY CERTIFY that the child described herein has been named

Emilio Trujillo
(Give name in full) (Surname)

Rafael Trujillo
(Parent's Signature)

Dr Cron
(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 11-41 A.P.

536-522-179

MARGIN RESERVED FOR B USE PERMANENT INK