ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

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

County Registrar's No.* 96

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

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

DATE OF BIRTH* July - 4 - 1931 (Month) (Day) (Year)

FULL NAME FATHER Isidro Estevane

FULL MAIDEN NAME MOTHER Micaela Campa

I HEREBY CERTIFY that the child described herein has been named

Fernando Luis Estevane (Give name in full) (Surname)

M. C. Estevane (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.

5M 5/10/41

655-704-431

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