3 5M 5-1-31

# 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.*

Place of Birth (Registration District) Miami Ariz County Gila No. 505 Orphan St.

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

DATE OF BIRTH* Sept (Month) 10 (Day) 1931 (Year)

FULL* NAME FATHER Antonio Flores

FULL* MAIDEN NAME MOTHER Maria Ruiz

I HEREBY CERTIFY that the child described herein has been named

Nicolas Flores
(Give name in full) (Surname)

Felipe M Flores
(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.
Local registrars must mail supplemental reports immediately to county registrar. County registrars must mail with original certificate on tenth day of following month.

562-910-499

MARGIN RESERV

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