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. 1364

Place of Birth MIAMI (Registration District) County Gila No. E-13 SULLIVAN St.

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

DATE OF BIRTH* OCTOBER (Month) 29 (Day) 1931 (Year)

FULL* NAME FATHER Simon Granada

FULL* MAIDEN NAME MOTHER LORETO HERNANDEZ GRANADA

*These items to be entered by the local registrar before giving out this form.

I HEREBY CERTIFY that the child described herein has been named

ROLANDO H. GRANADA
(Give name in full) (Surname)

Loreto Hernandez Granada MOTHER
(Parent's Signature)

(Signature of Physician or Midwife)

Blank supplemental reports of birth may be obtained from the local registrar.

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