MARGIN RESERVED FOR BINDING

This supplemental report is to be pasted beneath the original

3 5M 8-16-35

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

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

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.*.....

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

SEX OF CHILD*	Twin Triplet or other?	and	Number* in order of birth
Female			4th

DATE OF BIRTH* June (Month) 20 (Day) 1932 (Year)

FULL* NAME FATHER: Marcelino Piña

FULL* MAIDEN NAME MOTHER: Concha Blanco

I HEREBY CERTIFY that the child described herein has been named

Laura Piña (Give name in full) (Surname)

Mrs. C. Piña (Parent's Signature)

Dr. Brayton (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

Form X

371-620-326