Martha Hernandez 5860

MARGIN RESERVED FOR BINDING
USE PERMANENT INK

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

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

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.* 77.

Place of Birth Miami (Registration District) County Gila No. 3018 Doomis Ave. St.

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

DATE OF BIRTH* Nov. (Month) 8 (Day) 1932 (Year)

FULL NAME* FATHER: Pedro Hernandez

FULL MAIDEN NAME* MOTHER: Beatrice Carillo

I HEREBY CERTIFY that the child described herein has been named

Marta Carrillo Hernandez
(Give name in full) (Surname)

Pedro A. Hernandez
(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.

10M 12-46

489-1108-236