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MARGIN RESERVED FOR BINDING

This supplemental report is to be pasted beneath the original.

3 SM 5-1-31

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 Winkelman County Gila No. _____ St. _____
(Registration District)

SEX OF CHILD* <u>Female</u>	Twin Triplet or other? <input checked="" type="checkbox"/>	and	1st in order of birth	Number* _____
DATE OF BIRTH* <u>Sept</u> <u>13</u> <u>13</u> (Month) (Day) (Year)	I HEREBY CERTIFY that the child described herein has been named			
FULL* NAME <u>Frank R Granillo</u>	FATHER		<u>Matilde Granillo</u> (Give name in full) (Surname)	
FULL* MAIDEN NAME <u>Armeda Brady</u>	MOTHER		<u>Rosario A Tigueroa</u> (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.

476-913-1286