

1949

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.* 156
Place of Birth Globe County Gila No. _____ St. _____
(Registration District)

SEX OF CHILD* Male	Twin Triplet or other?	}	and	}	Number in order of birth
DATE OF BIRTH* Dec. 18, 1915	(Month)	(Day)	(Year)		
FULL* NAME Francisco Jimenez	FATHER				
FULL* MAIDEN NAME Carmen Medrano	MOTHER				

I HEREBY CERTIFY that the child described herein has been named

NEMECIO BLAS JIMENEZ
(Give name in full) (Surname)

MRS. CARMEN MEDRANO RODRIGUEZ
(Parent's Signature) M.R.

Rosa V. Bazza MARK
(Signature of physician) filed parents

*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.
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519-1218-346

Rodriguez
am