

1984

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

5-1-3

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

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.*

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

SEX OF CHILD*	Twin Triplet or other?	and	Number* in order of birth
female			6

I HEREBY CERTIFY that the child described herein has been named

DATE OF BIRTH* May 27 1986
(Month) (Day) (Year)

Petra Nena Yniguez
(Give name in full) (Surname)

FULL* FATHER
NAME Pedro Yniguez

Maria S. Yniguez
(Parent's Signature)

FULL* MOTHER
MAIDEN NAME Maria de Jesus Sandoval

(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

789-527-423