MARGIN RESERVED FOR BINDING

This supplemental report is to be pasted beneath the original.

3 5M 8-16-35

his return should preferably be made the person who made the original)

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

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

Place of Birth (Registration District) Miami County Arizona No. Stevens Terrace

X OF CHILD*	Twin Triplet or other?	and	Number* in order of birth
emale			

ATE OF BIRTH* July (Month) 5 (Day) 1916 (Year)

ILL* AME FATHER Pedro B. Rubio

ILL* AIDEN AME MOTHER Esther Maciel

I HEREBY CERTIFY that the child described herein been named

Filomena Rubio (Give name in full) (Surname)

Pedro B. Rubio (Parent's Signature)

Nelson D. 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

1916-705-593