

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 *Miami, Orig.* County *Gila* No. *miami ave.* St. (Registration District)

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

boy

I HEREBY CERTIFY that the child described herein has been named

DATE OF BIRTH* *July 19* 19*46*
Month (Day) (Year)

Rodolfo Robles
(Give name in full) (Surname)

FATHER
FULL NAME *Daniel Robles*

Manuela Robles
(Parent's Signature) (*Grandmother*)

MOTHER
FULL NAME *Isabel Ferrazas*

Doctor N. 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.
Local registrars must mail supplemental reports immediately to county registrar. County registrars must mail with original certificate on tenth day of following month.

992-719-862