

**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 Register No.* 296

Place of Birth Miami

No. Turkey spot canyon St.

(Registration district)

SEX OF CHILD* <u>F.</u>	Twin* Triplet or other?	and	Number* in order of birth
DATE OF BIRTH* <u>Sept 26</u> 191 <u>6</u>	<small>(Month)</small>	<small>(Day)</small>	<small>(Year)</small>
FULL* NAME <u>H. Bonillas</u>	FATHER		
FULL* MAIDEN NAME <u>L. Herauds</u>	MOTHER		

I HEREBY CERTIFY that the child described herein has been named

Porfiria Diaz Bonilla
(Give name in full) (Surname)

[Signature] P. Diaz Bonilla
C. M. Brown
(Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.
Blank supplemental reports of births 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.

721-926-781