

1422

MARGIN RESERVED FOR BINDING

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

110

(This return should preferably be made by the person who made the original) **SUPPLEMENTARY REPORT OF BIRTH** County Registrar's No. *

Place of Birth Mesa County Arizona No. _____ St. _____

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

DATE OF BIRTH* Sept 29 1916
(Month) (Day) (Year)

FULL* FATHER
NAME Manuel Jimenez

FULL* MOTHER
MAIDEN NAME Felipa Vallejo

I HEREBY CERTIFY that the child described herein has been named

John Vallejo Jimenez John Vallejo Jimenez
(Give name in full) (Surname)

Manuel Jimenez
(Parent's Signature)

(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.

5M 7/11/40

119-929-656