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ARIZONA STATE DEPARTMENT OF HEALTH

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

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No. *142-

Place of Birth Los Angeles County Los Angeles No. St.

| | | | |
|--|------------------------------|-------|--------------------------------|
| SEX OF CHILD* <u>male</u> | Twin Triplet or other? | and | Number in order of birth |
| DATE OF BIRTH* <u>9-11-1922</u> | (Month) | (Day) | (Year) |
| FULL NAME <u>Jacinto Herrera</u> | FATHER | | |
| FULL MAIDEN NAME <u>Fabiana Ayala</u> | MOTHER | | |

I HEREBY CERTIFY that the child described herein has been named

Robert Jacinto Herrera
(Give name in full) (Surname)

(Signature)

Jacinto Herrera
Brother

(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.
10M 11-41 A.P.

981-311-661