

1667

ARIZONA STATE BOARD OF HEALTH

104

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

Place of Birth Miami County Dade No. St.

SEX OF CHILD* Male. Twin Triplet or other? and Number in order of birth 3

DATE OF BIRTH* May 12 - 1922. (Month) (Day) (Year)

FULL* NAME FATHER Antonio Jimenez

FULL* MAIDEN NAME MOTHER Josepha Gonzalez

I HEREBY CERTIFY that the child described herein has been named

Florio Jimenez (Give name in full) (Surname)

Josepha Gonzalez (Parent's Signature)

Byrd M. Cron (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.

SM 7/11/40

619-512-179