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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 Arizona County Church Hill No. 126 St.

SEX OF CHILD\* Twin Triplet or other? Male and Number in order of birth 7

I HEREBY CERTIFY that the child described herein has been named

DATE OF BIRTH\* July 21, 1922  
(Month) (Day) (Year)

Valente Arciniega  
(Give name in full) (Surname)

FULL NAME FATHER Reyes Arciniega

Ester Arciniega  
(Signature)

FULL MAIDEN NAME MOTHER Ester Hidalgo

Dead  
(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 5/20/41

511-721-586