

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. ¹¹¹ 26

Place of Birth Miami County Gila No. 3221 Loomis Ave St.

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

I HEREBY CERTIFY that the child described herein has been named

DATE OF BIRTH* Nov 8 1922
(Month) (Day) (Year)

Martin Herrera
(Give name in full) (Surname)

FULL NAME FATHER Florencio Herrera

Florencio Herrera
(Parent's Signature)

FULL MAIDEN NAME MOTHER Atanacia Barron

(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 5/20/41

✓ 481-1108-125