125

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

eferably be made
ide the original)

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.*.....

Miami County Gila No. ..... St.

rict)

in plet other?	and	Number in order of birth

In March 3 1923
(Month) (Day) (Year)

FATHER
Camilo Corrales

MOTHER
Francisca Hernandez

I HEREBY CERTIFY that the child described herein has been named

JOSE CORRALES
(Give name in full) (Surname)

Francisca Corrales
(Parent's Signature)

her mark
(Signature of Physician or Midwife)

DAB

entered by the local registrar before giving out this form.

al reports of birth may be obtained from the local registrar.

132-303-689