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ARIZONA STATE BOARD OF HEALTH

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. 170

Place of Birth Gila  
(Registration District)

County Miami

No. Davis Canyon St.

SEX OF CHILD\* 

Twin	}	and	}	Number in order of birth
Triplet or other?				

I HEREBY CERTIFY that the child described herein  
has been named

DATE OF BIRTH\* December 27th, 1923  
(Month) (Day) (Year)

Anita Hernandez  
(Give name in full) (Surname)

FATHER  
FULL NAME Guadalupe Hernandez

Pracides Isom  
(Parent's Signature)

MOTHER  
FULL MAIDEN NAME Eduvijen Valenzuela

(Mother is dead, 9) Aunt.  
Dr. 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.

5M 7/11/40

✓ 189-1227-551

32246-2-7-  
34125-3-7-

RECEIVED  
JAN 17 1924