1160

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

115
115

...n should preferably be made
...on who made the original)

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

Birth Miami Arizona County Gila No. ..... St.
...on District)

...D*	Twin Triplet or other?	and	Number* in order of birth

BIRTH* Feb (Month) 7 (Day), 1924 (Year)

FATHER
Tanacid M. Hernandez

MOTHER
M. Magdalena Carpio

I HEREBY CERTIFY that the child described herein has been named

José Manuel Hernandez
(Give name in full) (Surname)

M. Magdalena Carpio
(Parent's Signature)

(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.

1-38

189-207-436