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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 (Registration District) County ~~Gila~~ Gila No. 512 St.

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

DATE OF BIRTH* Feb. (Month) 23 (Day) 1934 (Year)

FULL* NAME — FATHER: Jesus Arechiga

FULL* MAIDEN NAME — MOTHER: Anita Hernandez.

I HEREBY CERTIFY that the child described herein has been named

Robert Arechiga
(Give name in full) (Surname)

Anita Hernandez.
(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.

Form X

MARGIN RESERVED FOR BINDING

This supplemental report is to be pasted beneath the original.

941-223-189