

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

County Registrar's No. 167

(This return should preferably be made by the person who made the original)

SUPPLEMENTARY REPORT OF BIRTH

Place of Birth Miami County Gila No. Miami Avenue St.

(Registration District)

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

I HEREBY CERTIFY that the child described herein has been named

DATE OF BIRTH* February 24th, 1924

Raul Reyes
(Give name in full) (Surname)

FATHER
FULL NAME Eliodoro Reyes

Bruna L. Reyes
(Parent's Signature)

MOTHER
FULL MAIDEN NAME Bruna Lopez

(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.

SM 7/11/40

992-224-239