

# Damaged Document(s)

120A

**ARIZONA STATE BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS

is return should preferably be made (the person who made the original) **SUPPLEMENTARY REPORT OF BIRTH** County Registrar's No.\*.....

Place of Birth Miami County Gila No. Oak Street St.  
 (Registration District) Claypool

SEX OF CHILD	Twin Triplet or other?	}	and	}	Number in order of birth
<u>Male</u>					

I HEREBY CERTIFY that the child described herein has been named

Esiquio Benites Mendez  
 (Give name in full) (Surname)

Seferina Beatriz Garcia  
 (Parent's signature)

Severin S. Grayson  
 (Signature of Physician or Midwife)

FATHER: Faustino Mendez

MOTHER: Seferina Beatriz Garcia

\*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.

7/11/40

549-228-271