MAR 8 1945

ARIZONA STATE DEPARTMENT OF HEALTH

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

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.* 139

Place of Birth ..... County ..... No. ..... St.
(Registration District)

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

DATE OF BIRTH* April (Month) 12 (Day) 1924 (Year)

FULL NAME	FATHER Jose Hernandez
FULL* MAIDEN NAME	MOTHER Felisa Guerrero

I HEREBY CERTIFY that the child described herein has been named

JULIO RENE (Give name in full) HERNANDEZ (Surname)

Jose Hernandez (Parent's Signature)
father

(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.
10M 10-1-43—S.P.Co.

189-412-676