

1444

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

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

SUPPLEMENTARY REPORT OF BIRTH County Registrar's No. * 161

Place of Birth Miami County Gila No. St.

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

I HEREBY CERTIFY that the child described herein has been named

DATE OF BIRTH June 17th, 1924 (Month) (Day) (Year)

Javier Barriga (Give name in full) (Surname)

FATHER FULL NAME Leandro Barriga

Jose Barriga (Parent's Signature)

MOTHER FULL MAIDEN NAME Wenceslada Sigala

(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 1-45

121-617-621