

11411

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. * 133

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 August 13, 1924 (Month) (Day) (Year)

Jesus Mercado (Give name in full) (Surname)

FULL NAME FATHER Antonio Mercado

Information taken from letter Parents deceased (Parent's Signature)

FULL MAIDEN NAME MOTHER Laura Ramirez

(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.