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ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

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

SUPPLEMENTARY REPORT OF BIRTH County Registrar's No.*

Place of Birth (Registration District) Miami County Gila No. 28 Davis Canyon St.

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

DATE OF BIRTH* December (Month) 2 (Day) 1924 (Year)

FULL* NAME FATHER Leonidas Fernandez

FULL* MAIDEN NAME MOTHER Luz Dominguez

I HEREBY CERTIFY that the child described herein has been named Changed to

Alfredo Fernandez
(Give name in full) (Surname)

Luz Fernandez
(Parent's signature)

F. H. Miller M.D.
(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.
Local registrars must mail supplemental reports immediately to county registrar. County registrars must mail with original certificate on tenth day following

given at birth registration was "Britiano Fernand