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.* 157

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

SEX OF CHILD*	Twin Triplet or other?	and	Number in order of birth
DATE OF BIRTH*	Jan. (Month)	6 (Day)	1926 (Year)
FULL NAME	FATHER Modesto Reyna		
FULL* MAIDEN NAME	MOTHER Isabel Reyna Madrill		

I HEREBY CERTIFY that the child described herein has been named Alexander Reyna (Give name in full) (Surname)

Josefa Espadas (Parent's Signature)

(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.

5M 5/20/41

191-106-843

MARG

RECEIVED FEB 10 1925