MARGIN RESERVED FOR BINDING
USE PERMANENT INK

ARIZONA STATE BOARD OF HEALTH

229

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

BUREAU OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.* 26

Place of Birth Miami (Registration District) County Gila No. 3221 Loomis Ave. St.

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

DATE OF BIRTH* Jan (Month) 31 (Day) 1925 (Year)

FULL NAME FATHER Florencio Herrera

FULL* MAIDEN NAME MOTHER Atanacia Barron

I HEREBY CERTIFY that the child described herein has been named

Pedro Herrera ~~Bolasco~~
(Given name in full) (Surname)

Florencio Herrera
(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

781-131-125

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FEB 10 1925
File
Ans.