58384

MARGIN RESERVED FOR BINDING

USE PERMANENT INK

ARIZONA STATE DEPARTMENT OF HEALTH

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

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.* 167

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

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

DATE OF BIRTH* May (Month) 5 (Day) 1925 (Year)

FULL NAME FATHER Jacob Jiminez

FULL* MAIDEN NAME MOTHER Manuela Perez

These items to be entered by the local registrar before giving out this form.

I HEREBY CERTIFY that the child described herein has been named

Amelia Jiminez Perez
(Give name in full) (Surname)

Jacob Jiminez
(Parent's Signature)

Manuela Perez
(Signature of Physician or Midwife)

Blank supplemental reports of birth may be obtained from the local registrar.

10M 10-1-42—S.P.Co.

179-505-479