USE PERMANENT INK

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.*

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

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

DATE OF BIRTH* MAY (Month) 25TH (Day) 1925 (Year)

FULL* NAME FATHER PEDRO DE LA RIVA

FULL* MAIDEN NAME MOTHER JUANITA DE LA RIVA

I HEREBY CERTIFY that the child described h has been named

JOSE DE LA RIVA (Give name in full) (Surname)

Pedro de la Riva (Parent's Signature)

Catalina Medina de Sendejas (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.

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MARGIN RESERVED

RECEIVED JUL 13 1925