

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 County Gila No. St.
(Registration District)

SEX OF CHILD* Male	Twin Triplet or other?	{	and	{	Number in order of birth
DATE OF BIRTH* May 31 1925	(Month)	(Day)	(Year)		
FULL NAME Francisco	FATHER Leyba				
FULL MAIDEN NAME Apolonia	MOTHER Flores				

I HEREBY CERTIFY that the child described
herein has been namedManuel Leyba

(Give name in full)

(Surname)

Manuel M. Sreasier
(Physician's Signature)

Name verified from Baptismal Record

(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.

10M-8-42-Bower Co.

431-531-162

MARGIN RESERVED FOR BINDING
USE PERMANENT INK