MARGIN RESERVED FOR BINDING
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.* 177

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

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

DATE OF BIRTH* June (Month) 19th (Day) 1945 (Year)

FULL* NAME FATHER Jose Jesus Corona

FULL* MAIDEN NAME MOTHER Mercedes Pina

I HEREBY CERTIFY that the child described herein has been named

Jose Jesus Corona
(Give name in full) (Surname)

(Parent's Signature)

Marion Garcia
(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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131-619-471

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