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ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH Local Registrar's No.

This return should preferably be made by the person who made the original.

Place of Birth Maine
(Registration District)

County Arizona No. Torquemet St.

I HEREBY CERTIFY that the child described herein has been named

SEX OF CHILD male Twin Triplet or other? 1 and { Number in order of birth

Jose Herrera
(Given name in full) (Surname)

DATE OF BIRTH Dec. 13 1925
(Month) (DAY) (Year)

Altagracia M. Herrera
(Signature of Mother)

FATHER Jesus Herrera
MOTHER Altagracia M. Herrera

(Signature of Physician or Midwife)

These items to be entered by the local registrar before stamping out this form.
FULL MAIDEN NAME Altagracia M. Herrera

Dr. Miller
Company Doctor of mines

Blank supplemental reports of birth may be obtained from the local registrar.
Local registrars must mail supplemental reports immediately to state registrar. PLEASE WRITE PLAIN AND INK.

181-1213-149

MARGIN RESERVED FOR BINDING