

MARGIN RESERVED, OR BINDING

This supplemental report is to be pasted beneath the original.

ARIZONA STATE BOARD OF HEALTH Vol. 6-26 # 110
BUREAU 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. 1018 Live Oak St.

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

DATE OF BIRTH* June 10th 1926
(Month) (Day) (Year)

FATHER
FULL NAME Jacob Viater

MOTHER
FULL MAIDEN NAME Raymunda Hernandez

I HEREBY CERTIFY that the child described herein has been named

JACOB VIATER JR.
(Give name in full) (Surname)

Jacob Viater
(Parent's Signature) In ink

Luigi M. Lerou M.D.
(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.
Local registrars must mail supplemental reports immediately to county registrar. County registrars must mail with original certificate on tenth day of following month.

9-27-26

Return supplementary report immediately.