

ARIZONA STATE BOARD OF HEALTH Vol. 9-26 # 116
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. **1005 a Sullivan** St.
 (Registration District)

SEX OF CHILD* Female	Twin Triplet or other?	and	Number* in order of birth
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I HEREBY CERTIFY that the child described herein has been named

Pete^m Benites
 (Give name in full) (Surname)

DATE OF BIRTH* **September 4th** 192**6**
 (Month) (Day) (Year)

Enrique Benites
 (Parent's Signature) In ink

FULL* FATHER
 NAME **Enrique Benites**

D. M. Cronin
 (Signature of Physician or Midwife)

FULL* MOTHER
 MAIDEN NAME **Carmen Matricito**

*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.

Correcting sex of child **3-25-27**

Return supplementary report immediately.

722-904-346