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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. \* *137*

Place of Birth *Miami* (Registration District) County *Arizona* No. *Gen. Del.* St. *X*

SEX OF CHILD* <i>Male</i>	Twin Triplet or other?	and	Number in order of birth <i>1</i>
DATE OF BIRTH* <i>September 16 1926</i>			
Month		Day	
FULL NAME <i>Francisco Morales</i>		FATHER	
FULL MAIDEN NAME <i>Cruz Miranda Morales</i>		MOTHER	

I HEREBY CERTIFY that the child described herein has been named  
*Porfidio Morales Francisco*  
 (Give name in full) (Surname)  
*Mauro Miranda*  
 (Parent's Signature)  
*Nolberta Nieto Miranda*  
 (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 11-41 A.P.

749-916-341

MASSIN RESERVED FOR BINDING  
USE PERMANENT INK