

ARIZONA STATE BOARD OF HEALTH Vol. 10-26 # 161
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 (Registration District) Miami County Gila No. 1106 Frederick St.

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

DATE OF BIRTH* October 14th 1926 (Month) (Day) (Year)

FULL NAME FATHER Gregorio Medina Marez

FULL MAIDEN NAME MOTHER Fannie Cadena

I HEREBY CERTIFY that the child described herein has been named

Rodolfo C. Marez (Give name in full) (Surname)

Gregorio M. Marez (Parent's Signature) In ink

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.

Age of child's name 4-9-27

Return supplementary report immediately

This return is to be pasted in the original.

RECEIVED
NOV 12 1926

949-1014-631