AMENDMENT ATTACHED

ARIZONA STATE BOARD OF HEALTH

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) Morenci County Greenlee No. ..... St.

SEX OF CHILD.*	Twin Triplet or other?	and	Number in order of birth
Male			5

DATE OF BIRTH* November 22, 1926 (Month) (Day) (Year)

FULL* NAME FATHER Manuel M. Vidales

FULL* MAIDEN NAME MOTHER Refugio de Leon

I HEREBY CERTIFY that the child described herein has been named

Filemon Vidales
(Give name in full) (Surname)

Manuel M. Vidales
(Parent's Signature)

(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.

5M 7/11/40

652-1122-945