

MARGIN RESERVED FOR BINDING

This supplemental report is to be pasted beneath the original.

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

Local Registrar's No.\* 77

Return should preferably be made by the person who made the original.

Place of Birth Hayden County Yuma No. \_\_\_\_\_ St.

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

DATE OF BIRTH Dec 21 1926  
(Month) (Day) (Year)

FATHER FULL NAME Alfred Aranda

MOTHER FULL NAME Dolores Aranda

I HEREBY CERTIFY that the child described herein has been named

Alfred Aranda  
(Given name in full) (Surname)

Dolores Aranda  
(Father's or Mother's Signature)

\_\_\_\_\_  
(Signature of Physician or Midwife)

\*These reports 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 state registrar.

PLEASE WRITE PLAIN AND INK.

111-1221-439