MARGIN RESERVED FOR BINDING
USE PERMANENT INK

(This return should prefer
by the person who made

Place of Birth C
(Registration District)

SEX OF CHILD* M. | Twin Triple or oth

DATE OF BIRTH* Jan

FULL* NAME Federi

FULL* MAIDEN NAME Dolore

*These items to be e

Blank supplemental
® 10M 1-45

Ans. File

NA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

137
~~136~~

PPLEMENTARY REPORT OF BIRTH County Registrar's No.* ~~173~~

County Gila No. Euclid Ave. St.

Number in order of birth

(Year)

Bernal

I HEREBY CERTIFY that the child described herein has been named

Antonio Noriega Bernal.
(Give name in full) (Surname)

(Parent's Signature)

Edward N. Bernal (Brother 25 yrs old)
(Signature of Physician or Midwife)

ar before giving out this form.

tained from the local registrar.

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