MARGIN RESERVED FOR BINDING
USE PERMANENT INK

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.* 134

Place of Birth Gila (Registration District) County Miami No. St.

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

DATE OF BIRTH* February (Month) 5 (Day) 1928 (Year)

FULL* NAME FATHER: Tomas Aguirre

FULL* MAIDEN NAME MOTHER: Maria Cruz

I HEREBY CERTIFY that the child described herein has been named

Felipe de Jesus Aguirre (Give name in full) (Surname)

Tomas Aguirre (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.

® 10M 1-45

615-205-439