ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

(This return should preferably be made by the person who made the original)

County Registrar's No.* 1

Place of Birth MIAMI (Registration District) County GILA No. St

EX OF CHILD*	Twin, Triplet or other?	and	Number in order of birth
DATE OF BIRTH*	FEBUARY (Month)	21 (Day)	1928 (Year)
FULL NAME	EDWARDO	FATHER HERRERA	
FULL* MAIDEN NAME	MATILDE	MOTHER ERADILLAS	

I HEREBY CERTIFY that the child described herein has been named

ARTURO HERRERA

(Give name in full) (Surname)

(Parent's Signature)

(Signature of Physician or Midwife)

*These items to [illegible]red by the local registrar before giving out this form.

Blank supplem[illegible] ports of birth may be obtained from the local registrar.

[illegible]M—8-42—Bower C[illegible]

181-221-172