This supplemental report is to be pasted beneath the original.

ARIZONA STATE BOARD OF HEALTH Vol. 2-28 #186

BUREAU OF VITAL STATISTICS

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

SUPPLEMENTARY REPORT OF BIRTH

Local Registrar's No.*

Place of Birth (Registration District) Miami County Gila No. 98 Red Springs Canon Miami Ariz

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

DATE OF BIRTH* February 23 1928 (Month) (Day) (Year)

FULL* NAME FATHER Inocente Diaz

FULL* MAIDEN NAME MOTHER Josepha Ruiz

I HEREBY CERTIFY that the child described herein has been named

Jose Dolores Diaz (Given name in full) (Surname)

Inocente Diaz (Father's or Mother's Signature)

Cyril M. Cron M.D. (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.
Local registrars must mail supplemental reports immediately to state registrar.

PLEASE WRITE PLAIN AND IN INK.

Supplementary report must be returned within 15 days

6-15-25