

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. \* 13

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

SEX OF CHILD*	Twin Triplet or other	and	Number in order of birth
<u>MALE</u>	<u>Other</u>		<u>1</u>

I HEREBY CERTIFY that the child described herein has been named

DATE OF BIRTH MARCH 12 1928  
 (Month) (Day) (Year)

RUBEN CHACON LEON  
 (Give name in full) (Surname)

FULL NAME NOLBERTO LEON  
 FATHER

Elena Chacon Leon  
 (Parent's Signature)

FULL MAIDEN NAME ELENA CHACON  
 MOTHER

(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 11-41 A.P.

935-312-535

RECEIVED  
 APR 7 1928  
 Ans. \_\_\_\_\_ File \_\_\_\_\_

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