JAN 24 1945

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.* 169

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

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

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

DATE OF BIRTH* May (Month) 24 (Day) 1928 (Year)

FULL* NAME — FATHER: Jose Hernandez

FULL* MAIDEN NAME — MOTHER: Felisa Guerrero

I HEREBY CERTIFY that the child described herein has been named

Maria Estela (Give name in full) Hernandez (Surname)

Jose Hernandez G. (Parent's Signature) Father

(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 10-1-43—S.P.Co.

489-524-676

USE PERMANENT INK

JUN 12 1928

Ans