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.* 1411

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

SEX OF CHILD*	Twin Triplet or other?	Number in order of birth
Boy		Girl

DATE OF BIRTH* June (Month) 9 (Day) 1928 (Year)

FULL* NAME FATHER Guadalupe Peña

FULL* MAIDEN NAME MOTHER Soledad Andrade

I HEREBY CERTIFY that the child described herein has been named

Francisco Peña
(Give name in full) (Surname)

Guadalupe Peña
(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.

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671-609-215