State File No. 171

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

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

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.* 171

Place of Birth (Registration District) Miami, Ariz. County Gila No. 13 Miami ave. St.

SEX OF CHILD*	Twin Triplet or other?	Number in order of birth
male	no	5

DATE OF BIRTH* June 19th 1928 (Month) (Day) (Year)

FULL NAME	FATHER Antonio Iniguez
FULL* MAIDEN NAME	MOTHER Antonia Lopez

I HEREBY CERTIFY that the child described herein has been named

Silverio Iniguez
(Give name in full) (Surname)

Antonio Iniguez
(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.

5M 5/20/41

299-619-139

MARGIN RESERVED FOR BINDING

USE PERMANENT INK