MARGIN RESERVED FOR BINDING
USE PERMANENT INK

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

(This return should preferably be by the person who made the or

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.* 158

Place of Birth CLAYPOOL County..... No..... St.
(Registration District)

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

DATE OF BIRTH* JULY 18 1928
(Month) (Day) (Year)

FULL* NAME Jose YNIGES

FULL* MAIDEN NAME Micaela Ynigs

I HEREBY CERTIFY that the child described herein has been named

Yniges Camilo
(Give name in full) (Surname)

Brigido Balaños
(Parent's Signature)

(Signature of Physician or Midwife)

*These items to be entered by registrar before giving out this form.

Blank supplemental reports can be obtained from the local registrar.

® 10M 1-45

382-78-422