

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

7-28 # 182 V

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

SUPPLEMENTARY REPORT OF BIRTH County Registrar's No.*

Place of Birth Miami County Pima No. 1415 Kenner Canyon St
(Registration District)

SEX OF CHILD* <u>Male</u>	Twin Triplet or other?	} and {	Number* in order of birth
DATE OF BIRTH* <u>July</u> (Month)	<u>27</u> (Day)		<u>1928</u> (Year)
FULL* NAME <u>Gumerinda Arceiniga</u>	FATHER		
FULL* MAIDEN NAME <u>Belinda Dominguez</u>	MOTHER		

I HEREBY CERTIFY that the child described herein has been named

José Manuel Arceiniga
(Give name in full) (Surname)

Gumerinda Arceiniga
(Parent's signature)

J. J. Miller
(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.
Local registrars must mail supplemental reports immediately to county registrar. County registrars must mail with original certificate on tenth day of following month

changing child's name

18-15-28