MARGIN RESERVED FOR BINDING
USE PERMANENT INK

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.* 186

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

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

JULY 28, 1928

DATE OF BIRTH* July (Month) 28 (Day) 1928 (Year)

FULL* NAME FATHER: Francisco L. Miranda

FULL* MAIDEN NAME MOTHER: Maria Diaz

I HEREBY CERTIFY that the child described herein has been named

JULIETA MIRANDA

(Give name in full) (Surname)

Francisco L Miranda

(Parent's Signature)

Dr. Nelson Brayton

(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.

141-728-449

Ans. _____ File _____