MARGIN RESERVED FOR BINDING
USE PERMANENT INK

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

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

County Registrar's No.* 161

Place of Birth Miami, Arizona (Registration District) County Pinal No. Mining Camp St.

SEX OF CHILD*	Twin Triplet or other? 1	and	Number in order of birth 2	
DATE OF BIRTH* August 25 1928 (Month) (Day) (Year)				
FULL NAME	FATHER Emilio Duran			
FULL* MAIDEN NAME	MOTHER Maria Ramirez			

I HEREBY CERTIFY that the child described herein has been named

Reynaldo (Give name in full) Duran (Surname)

Juana R Garcia Aunt (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.

10M 11-41 A.P.

945-825-499