147

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.*.....

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

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

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

DATE OF BIRTH* October 10 1928
(Month) (Day) (Year)

FULL NAME — FATHER: Rumaldo Perez

FULL* MAIDEN NAME — MOTHER: Bonifacia Medina

I HEREBY CERTIFY that the child described herein has been named

JESUS EVERARDO PEREZ
(Give name in full) (Surname)

Joe M Perez
(~~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 10-1-43—S.P.Co.

179-1010-241

MARGIN US

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1928
Ans. File