156

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

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

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.*

Place of Birth 715 Church Hill, County Gila No. St

(Registration District) Miami Arizona

SEX OF CHILD* Male | ~~Twin~~ ~~Triplet~~ or other? and 6 Number* in order of birth

DATE OF BIRTH* Dec 19 1928 (Month) (Day) (Year)

FULL* NAME FATHER Ernest Eredia

FULL MAIDEN NAME MOTHER Antonia Sifuentes

I HEREBY CERTIFY that the child described herein has been named

Ernest Eredia (Give name in full) (Surname)

Ernest Eredia (Parent's signature)

Cyril M. Cronin (Signature of Physician or Midwife.)

*[illegible] 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.

551-1219-122

RECEIVED
JAN 9 1929
Ans. File