

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.\*.....

Place of Birth Miami County Gila No. 181 St.   
(Registration District)

SEX OF CHILD*	Twin triplet or other?	}	and	}	Number in order of birth
<u>Male</u>					

I HEREBY CERTIFY that the child described herein  
has been named

DATE OF BIRTH\* March 18, 1929  
(Month) (Day) (Year)

Moises Gabriel Rea  
(Give name in full) (Surname)

FULL\* NAME FATHER

Dionicio Rea  
(Parent's Signature)

FULL\* MAIDEN NAME MOTHER  
Juana Herrera

(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.

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491-318-181

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