MARGIN RESERVED

This supplemental report is to be pasted beneath the original.

3 5M 5-1-31

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 (Registration District) Miami County Gila No. Red Spring Canyon

SEX OF CHILD*	Twin Triplet or other?	and	Number* in order of birth
male	X		6th

DATE OF BIRTH* May (Month) 15 (Day) 1929 (Year)

FULL* NAME — FATHER: Carmen Rivero

FULL* MAIDEN NAME — MOTHER: Emilia Fimbres

I HEREBY CERTIFY that the child described herein been named

Ruben Reymundo Rivero
(Give name in full) (Surname)

Emilia Fimbres de Rivero
(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.
Local registrars must mail supplemental reports immediately to county registrar. County registrars must mail with original certificate on tenth of following month.

996-515-560