

MARGIN RESERVED FOR BINDING
USE PERMANENT INK

ARIZONA STATE DEPARTMENT OF HEALTH

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

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH, County Registrar's No. * 181A

Place of Birth Miami, Ariz. County Maricopa No. Live Oak Canyon St.

| | | | |
|---------------|------------------------------|-----|--------------------------------|
| 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

AMADOR JIMENEZ PEREZ

DATE OF BIRTH* MAY 20, 1929
(Month) (Day) (Year)

(Give name in full)

(Surname)

| | |
|------------------------|--------|
| FULL NAME | FATHER |
| <u>Jacobs Jimenez</u> | |
| FULL NAME | MOTHER |
| <u>Manuela Jimenez</u> | |

Manuela Jimenez Parent's Signature
Natividad Magana
(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 3-1-43-S.P.Co.

179-520-479