3 5M 8-16-35

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 Arizona County Globe Ariz. No. Laybock Canyon St.

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

DATE OF BIRTH* August (Month) 18 (Day) 1929 (Year)

FULL* NAME FATHER Feliciano Curiel

FULL* MAIDEN NAME MOTHER Juana D. Curiel

I HEREBY CERTIFY that the child described herein has been named

Jose Umberto Curiel (Give name in full) (Surname)

Juana D Curiel (Parent's Signature)

Dr. Miller (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

Form X

133-818-133