

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH Local Registrar's No.*.....

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

Place of Birth Miami County Gila No. # 3 Canyon Ave. 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* Sept 5 1929
(Month) (Day) (Year)

Arnulfo C. Mares
(Give name in full) (Surname)

FATHER
FULL* NAME Gregorio Medina Mares

Fannie Mares Cadena
(Parent's signature)

MOTHER
FULL* MAIDEN NAME Fannie Cadena

(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 day of following month.

149-905-631