SEP 1 8 1944

MARGIN RESERVED FOR BINDING
USE PERMANENT INK

ZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.* 162

(This return should preferably b... de by the person who made the or... l)

Place of Birth ..... County ..... No. ..... St.
(Registration District)

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

DATE OF BIRTH* Nov... r 19 1929
(Mont... (Day) (Year)

FULL NAME F... ER
Miguel Fig... oa

...EN ...HER
Jesus Valc... ez

I HEREBY CERTIFY that the child described herein has been named

Manuel Figueroa
(Give name in full) (Surname)

X Miguel Figueroa
(Parent's Signature) father

(Signature of Physician or Midwife)

...hese items to be entered ... local registrar before giving out this form.

...ank supplemental reports ... birth may be obtained from the local registrar.

...0-1-43—S.P.Co.

461-1119-159

FULL MAID NAM

10...

Received