MARGIN RESERVED FOR BINDING
USE PERMANENT INK

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

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

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.* [illegible]

Place of Birth (Registration District) Globe County Gila No. Wallman Road St.

SEX OF CHILD* Fem'l	Twin Triplet or other? no	and	Number in order of birth 1927
DATE OF BIRTH* March (Month)	27 (Day)	1927 (Year)	
FULL* NAME Antonio	FATHER Antonio Gonzales		
FULL* MAIDEN NAME Candida Cervantez	MOTHER Gonzales		

I HEREBY CERTIFY that the child described herein has been named

Lydia (Give name in full) Gonzales (Surname)

Antonio Gonzales. (Parent's Signature)

T. C. Harper, M.D. (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.

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372-327-339