MARGIN RESERVED FOR BINDING
USE PERMANENT INK

TATE DEPARTMENT OF HEALTH
VISION OF VITAL STATISTICS
EMENTARY REPORT OF BIRTH

County Registrar's No.*.....

(This return should preferably be by the person who made the origi

Place of Birth MIA
(Registration District)

ounty GILA No.....St.

I HEREBY CERTIFY that the child described herein has been named

SEX OF CHILD* MALE	Twin Triplet or other?	Number in order of birth
DATE OF BIRTH* JUNE (Month)	1927 (Year)	
FULL* NAME	FAT Jesus Alonso	
FULL* MAIDEN NAME	MOT JOSEFMED	

RODOLFO (Give name in full) ALONZO (Surname)

x Jesus Alonso (Parent's Signature)

Josefa Gomez Alonso (Signature of Physician or Midwife)

*These items to be entered by ...trar before giving out this form.

Blank supplemental reports of ... obtained from the local registrar.

916 · 627 - 179

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Ans. File