ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

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

County Registrar's No.*

Place of Birth Miami County Gila No.

(Registration District)

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

DATE OF BIRTH* Aug 5, 1927 (Month) (Day) (Year)

FULL NAME FATHER Lucio Cano

FULL* MAIDEN NAME MOTHER Guadalupe Abeita

I HEREBY CERTIFY that the child described here has been named

Rogelio Cano (Give name in full) (Surname)

Rose S Blanco (Parent's Signature)

(Cousin)

(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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