16

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

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

SUPPLEMENTARY REPORT OF BIRTH

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

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

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

DATE OF BIRTH* Aug (Month) 19 (Day) 1927 (Year)

FULL NAME — FATHER: Anastacio Anturez

FULL* MAIDEN NAME — MOTHER: Paula Vallad

I HEREBY CERTIFY that the child described herein has been named

Maria Luisa Anturez
(Give name in full) (Surname)

Paula Vda Anturez
(Parent's Signature)

.....
(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.

5M 5/20/41

✓ 419-819-752

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Ans..... File.....