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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.*.....

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

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

DATE OF BIRTH* Sep. (Month) 7 (Day) 1927 (Year)

FULL* NAME FATHER Lucas Martinez

FULL* MAIDEN NAME MOTHER Librada Martinez

I HEREBY CERTIFY that the child described herein has been named

Sofia M. Martinez
(Give name in full) (Surname)

x Anna R. Ochoa
(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.

15M 10-1-43—S.P.Co.

249-907-349

MARGIN RESERVED FOR BINDING
USE PERMANENT INK