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ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

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

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

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

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

DATE OF BIRTH* Sept 25, 1927
(Month) (Day) (Year)

FULL NAME FATHER Louis Hernandez Delgado

FULL* MAIDEN NAME MOTHER Dolores Chavez

I HEREBY CERTIFY that the child described herein has been named

Martin Delgado
(Give name in full) (Surname)

Mr. & Mrs. Louis F. Delgado
(Parent's Signature)

Charles B. Cuesta
(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.

10M—8-42—Bower Co.

446-925-439