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ARIZONA STATE DEPARTMENT OF HEALTH

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

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.* 172

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

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

DATE OF BIRTH* SEPTEMBER 27, 1927 (Month) (Day) (Year)

FULL NAME FATHER: Juan Flores

FULL* MAIDEN NAME MOTHER: Anita Grijalva

*These items to be entered by the local registrar before giving out this form.

I HEREBY CERTIFY that the child described herein has been named

ADOLFO RAOUL FLORES
(Give name in full) (Surname)

X Maria Flores
(Parent's Signature)

Both parents deceased; sister signed
(Signature of Physician or Midwife)

Blank supplemental reports of birth may be obtained from the local registrar.
10M 10-1-43—S.P.Co.

162-927-171