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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 Miami (Registration District) County Gila No. ..... St.

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

DATE OF BIRTH* Oct. (Month) 18 (Day) 1927 (Year)

FULL NAME FATHER Esteran Regalado

FULL MAIDEN NAME MOTHER Luz De Leon

I HEREBY CERTIFY that the child described herein has been named

Maria Dolores (Give name in full) Regalado (Surname)

Luz Regalado (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.

10M—8-42—Bower Co.

496-1018-345

MARGIN RESERVED FOR BINDING

USE PERMANENT INK