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MARGIN RESERVED FOR BINDING
USE PERMANENT INK

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 MIAMI (Registration District) County GILA No. ..... St.

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

DATE OF BIRTH* OCTOBER (Month) 24 (Day) 1927 (Year)

FULL* NAME FATHER: JOSE ALONZO

FULL* MAIDEN NAME MOTHER: SIMONA GONZALES

*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

ELVIRA ALONZO
(Give name in full) (Surname)

Elvira Alonzo
(Parent's Signature)

.....
(Signature of Physician or Midwife)

Blank supplemental reports of birth may be obtained from the local registrar.

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516-1024-272