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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

This return should preferably be made (person who made the ariginal)

County Registrar's No.*

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

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

DATE OF BIRTH* Jan (Month) 4 (Day) 1930 (Year)

FULL NAME FATHER Anastacio Antunez

FULL* MAIDEN NAME MOTHER Paula Valles

I HEREBY CERTIFY that the child described herein has been named

Carolina Antunez
(Give name in full) (Surname)

Paula V. de Antunez
(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.

5M 5/20/41

319-104-752