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ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

his return should preferably be made the person who made the original)

SUPPLEMENTARY REPORT OF BIRTH

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

Place of Birth Maricopa (Registration District) County Gila No. 314 Loomis Ave. St.

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

TE OF BIRTH* December 18 (Month) (Day) 1930 (Year)

LL* ME FATHER Lazaro Carbajal

LL* IDEN ME MOTHER Santos Reyes

*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

I HEREBY CERTIFY that the child described herein has been named

Elisa Carbajal
(Give name in full) (Surname)

Lazaro Carbajal
(Parent's Signature)

Lyle M. Bron M.D.
(Signature of Physician or Midwife)

m X

533-1218-292

MARGIN RESERVED FOR B