ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

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

ırn should preferably be made
ırson who made the original)

SUPPLEMENTARY REPORT OF BIRTH

of Birth Globe County Gila No. St.
ration District)

HILD*	Twin Triplet or other?	and	Number in order of birth
ale			

BIRTH* December (Month) 22 (Day) 1930 (Year)

FATHER Arnulfo Leos

MOTHER Luisa Flores

I HEREBY CERTIFY that the child described herein has been named

María Demetria Leos
(Give name in full) (Surname)

Luisa Leos
(Parent's Signature)

(Signature of Physician or Midwife)

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

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

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432-1222-362