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ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

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

(This return should preferably be made by the person who made the original)

Place of Birth Globe County Gila No. St.

(Registration District)

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

DATE OF BIRTH* January 23 1931 (Month) (Day) (Year)

FULL NAME FATHER Federico Duarte

FULL MAIDEN NAME MOTHER Aurelia Rosalez

*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 1-45

I HEREBY CERTIFY that the child described herein has been named

YLDEFONSO DUARTE

(Give name in full) (Surname)

Asuncion Duarte

(Parent's Signature)

(Signature of Physician or Midwife)

845-123-197

MARGIN RESERVED FOR BINDING

USE PERMANENT INK