173

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

sturn should preferably be made
person who made the original)

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.* 25

e of Birth Hayden County Gila No. St.

istration District)

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

F BIRTH* March (Month) 16 (Day), 1931 (Year)

FATHER
Lorenzo Flores

MOTHER
Maximiliana Lapizco

I HEREBY CERTIFY that the child described herein has been named

Abraham (Give name in full) Flores (Surname)

Maximiliana Lapizco Flores (Parent's Signature)

Charles B. Hunter (Signature of Physician or Midwife)

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

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

38

162-316-436