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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

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

SUPPLEMENTARY REPORT OF BIRTH

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

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

SEX OF CHILD*	Twin Triplet or other?	and	Number* in order of birth
Female			3

DATE OF BIRTH* May (Month) 18 (Day) 1931 (Year)

FULL* NAME FATHER Federico R. Castro

FULL* MAIDEN NAME MOTHER Rosario V. de Castro

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

I HEREBY CERTIFY that the child described herein has been named

Maria Velia (Give name in full) Castro (Surname)

Rosario Villarreal de Castro (Parent's Signature)

Juan [illegible] (Signature of Physician or Midwife)

Blank supplemental reports of birth may be obtained from the local registrar.
Local registrars must mail supplemental reports immediately to county registrar. County registrars must mail with original certificate on tenth day of following month.

436-518-936

MARGIN RESERVED FOR BINDING

This supplemental report is to be pasted beneath the original.