ceived 1937 Health

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ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION 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
MALE			

DATE OF BIRTH* MAY 28 1931 (Month) (Day) (Year)

FULL* NAME — FATHER: JOSE ALONZO

FULL* MAIDEN NAME — MOTHER: SIMONA GONZALES

I HEREBY CERTIFY that the child described herein has been named

ALFONSO ALONZO
(Give name in full) (Surname)

alfonzo alonzo
(Parent's Signature)

.....
(Signature of Physician or Midwife)

*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

116-528-272