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3 5M 8-16-35

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 (Registration District) Miami County Gila, No. 809 Woodrow

SEX OF CHILD*	Triplet or other?	and	Number* in order of birth
female	X		

DATE OF BIRTH* August (Month) 9th (Day) 1931 (Year)

FULL* NAME — FATHER: Antonio Soto

FULL* MAIDEN NAME — MOTHER: Angela Alvarez

I HEREBY CERTIFY that the child described herein has been named

MARY ALMA (Give name in full) SOTO (Surname)

Angela Soto (Parent's Signature)

Sheron D. Brayton (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.

Form X

426-809-119

MARGIN RESERVED FOR BINDING

This supplemental report is to be pasted beneath the original.