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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 (Registration District) Miami County Gila No. ..... St.

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

DATE OF BIRTH* February 28 1932 (Month) (Day) (Year)

FATHER

FULL NAME Ventura Lopez

MOTHER

FULL MAIDEN NAME Maria Granillo

I HEREBY CERTIFY that the child described herein has been named

CONCEPCION LOPEZ
(Give name in full) (Surname)

Ventura Lopez
(Parent's Signature)

(Signature of Physician or Midwife)

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

Supplemental reports of birth may be obtained from the local registrar.

48—S.P.Co.

337-228-476

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