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

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

DATE OF BIRTH* May (Month) 2 (Day) 1935 (Year)

FULL* NAME FATHER Simon M. Oropeza

FULL* MAIDEN NAME MOTHER Antonia Valles

I HEREBY CERTIFY that the child described herein has been named

Helen V. Oropeza
(Give name in full) (Surname)

Simon M. Oropeza
(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 10-1-48—S.P.Co.

861—502—152

MARGIN RESERVED FOR BINDING

USE PERMANENT INK