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MARGIN RESERVED FOR BINDING

This supplemental report is to be pasted beneath the original.

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

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

DATE OF BIRTH* May 10 — 1914 ~~19~~ (Month) (Day) (Year)

FULL* NAME FATHER Daniel Armesto

FULL* MAIDEN NAME MOTHER Carmen Trevizo

I HEREBY CERTIFY that the child described herein has been named

Pura Trevizo Armesto,
(Give name in full) (Surname)

Daniel Armesto
(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.

Form X

716 - 510 - 336