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County of

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FULL NAME C
If child is not

Sex of Child Fema

Full Name Jo

Residence

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.* 01 Lydia

Place of Birth Globe Ariz. County Gila No. St.
(Registration District)

X OF CHILD*	Twin Triplet or other?	and	Number in order of birth
Female		Single	1

E OF BIRTH* Aug 1 1919
(Month) (Day) (Year)

L* FATHER
E Jose Noriega

L* MOTHER
DEN
E Carlota Robles

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

I HEREBY CERTIFY that the child described herein has been named

Maria Lydia Noriega
(Give name in full) (Surname)

Carlota Robles
(Parent's Signature)

(Signature of Physician or Midwife)

Blank supplemental reports of birth may be obtained from the local registrar.

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the num

H51-801-392