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ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

(This return should preferably be made by the person who made the original)

County Registrar's No.* 113

Place of Birth Miami (Registration District) County Gila No. Gen Del. St.

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

DATE OF BIRTH* ~~NOVEMBER 24, 1921~~ Nov. (Month) 1st (Day) 1921 (Year)

FULL NAME FATHER Juan M. Perez

FULL* MAIDEN NAME MOTHER Rosa Ramirez

I HEREBY CERTIFY that the child described herein has been named

EVA M. PEREZ

(Give name in full) (Surname)

Juan M. Perez (Parent's Signature)

D. F. Stelos (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—8-42—Bower Co.

579-1101-999

29923

MARGIN RESERVED FOR BINDING

USE PERMANENT INK