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MARGIN RESERVED FOR BINDING

This supplemental report is to be pasted beneath the original.

THE MANUFACTURING STATIONERS — PHOENIX, ARIZONA

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

Vol. 11 # 151

(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 County Gila No. St.

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

DATE OF BIRTH* November (Month) 29th (Day) 1921 (Year)

FULL* NAME FATHER: Jose Oros

FULL* MAIDEN NAME MOTHER: Secondina Regnosa

I HEREBY CERTIFY that the child described herein has been named Concepcion Oros.

Concepcion Oros
(Give name in full) (Surname)

(Signature) L. W. Cron M.D.
(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.
Local registrars must mail supplemental reports immediately to county registrar. County registrars must mail with original certificate on tenth day of following month.

4-27-22