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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 Miami Ariz. County Gila No. 106 Red Spring Can. St.
(Registration District)

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

DATE OF BIRTH* January (Month) 14th (Day) 1922 (Year)

FULL* NAME FATHER Antonio Delgadillo Forey.

FULL* MAIDEN NAME MOTHER Aurora M. Garcia

I HEREBY CERTIFY that the child described herein has been named

Oralia Delgadillo Forey
(Give name in full) (Surname)

Aurelio Delgadillo Forey.
(Parent's Signature)

G. M. Lozano M.D.
(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.
Local registrars must mail supplemental reports immediately to county registrar. County registrars must mail with original certificate on tenth day of following month.

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