ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION 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 (Registration District) Arizona County Gila No. ..... St.

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

DATE OF BIRTH* May 11, 1923 (Month) (Day) (Year)

FULL* NAME FATHER Eulalio Velazquez

FULL* MAIDEN NAME MOTHER Natalia Gonzalez

I HEREBY CERTIFY that the child described herein has been named

Leopoldo Velazquez
(Give name in full) (Surname)

[illegible] (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.

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359-511-579