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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 Miami Arizona (Registration District) County Gila No. Turley Shoot St.

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

DATE OF BIRTH* Sept. (Month) 15 (Day) 1923 (Year)

FULL NAME OF FATHER Mr. Nicholas Grona

FULL MAIDEN NAME OF MOTHER Victoria Sigala

I HEREBY CERTIFY that the child described herein has been named

Elisa Sigala Grona
(Give name in full) (Surname)

x Victoria Sigala
(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.

10M 10-1-48—S.P.Co.

571-915-521