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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 (Registration District) County Gila No. 10th Wilson St.

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

DATE OF BIRTH* September 19, 1923 (Month) (Day) (Year)

FATHER

FULL* NAME Eulogio Avila

MOTHER

FULL* MAIDEN NAME Cipriana Alvarado

I HEREBY CERTIFY that the child described herein has been named Francisca Avila (Give name in full) (Surname)

Eulogio Avila (Parent's Signature)

Dr. Cox (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.

SM 6-1-38

Please send it as soon as Possible

611-919-316

MARGIN RESERVED FOR BINDING