1898

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.* #18

(This return should preferably be made by the person who made the original)

Place of Birth (Registration District) Miami, Arizona County Gila No. 3011B-Loomis Ave. St.

SEX OF CHILD*	Twin Triplet or other?	and	Number in order of birth
DATE OF BIRTH* Nov - 26 - 1923 (Month) (Day) (Year)			
FULL NAME	FATHER Reyes Barajas		
FULL* MAIDEN NAME	MOTHER Agustina Gamboa		

I HEREBY CERTIFY that the child described herein has been named

Conrada Barajas (Give name in full) (Surname)

Reyes Barajas (Parent's Signature)

Dr. Crone (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.

5M 5/20/41

322-1126-171

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