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Damaged Document(s)

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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

Local Registrar's No.* 52

Place of Birth (Registration District) Ha n County Gila No. St.

SEX OF CHILD*	Twin, Triplet, etc.	and	Number* in order of birth
Male			

DATE OF BIRTH* De ber (Month) 12 (Day) 192 3 (Year)

FULL* NAME FATHER Lorenzo Flores

FULL* MAIDEN NAME MOTHER Maximilina Lapisco

I HEREBY CERTIFY that the child described herein has been named

Ernesto Guadalupe Flores
(Given name in full) (Surname)

Maximiliana Lapisco Flores
(Father's or Mother's Signature)

(Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

Blank supplemental report of birth may be obtained from the local registrar. Local registrars must mail supplemental reports immediately to state registrar.

PLEASE WRITE PLAIN AND IN INK.

562-1212-436