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MARGIN RESERVED FOR BINDING
USE PERMANENT INK

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 GLOBE (Registration District) County GILA No. ..... St.

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

DATE OF BIRTH* MAY (Month) 26 (Day) 1924 (Year)

FULL* NAME RAMON AROS FATHER

FULL* MAIDEN NAME GENEVIEVE GUZMAN MOTHER

I HEREBY CERTIFY that the child described herein has been named

ARMIDA AROS
(Give name in full) (Surname)

Armida Aros
(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 1-45

112-526-775