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MARGIN RESERVED FOR BINDING
This supplemental report is to be pasted beneath the original.

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.* 572

Place of Birth (Registration District) Globe, Arizona County Gila No. St.

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

DATE OF BIRTH* July (Month) 2, (Day) 1924 (Year)

FULL* NAME FATHER Rosalio Salas

FULL* MAIDEN NAME* MOTHER Maria Mundez

I HEREBY CERTIFY that the child described herein has been named

Amelia (Given name in full) Salas (Surname)

X Rosalio Salas (Father's or Mother's Signature)

Maria Salas (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.
Local registrars must mail supplemental reports immediately to state registrar.

PLEASE WRITE PLAIN AND IN INK.

122-702-449