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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.*

s return should preferably be made
he person who made the original)

lace of Birth Globe County Gila No. Uble St.
(Registration District)

OF CHILD* Male	Twin Triplet or other?	and	Number* in order of birth 3
TE OF BIRTH* July (Month)	8 (Day)	1924 (Year)	
LL* ME FATHER Guadalupe Romero			
LL* IDEN ME MOTHER Reveriana Benitez			

I HEREBY CERTIFY that the child described herein has been named

Octavio Ernesto Romero
(Give name in full) (Surname)

Reberiana Benitez de Romero
(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. County registrars must mail with original certificate on tenth day of
Local registrars must mail supplemental reports immediately to county registrar.
lowing month.

Subscribed and Sworn before me this 20th day of November AD 1924
[illegible]
Notary Public El Paso County Texas.

6-708-929