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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.* 165

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

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

DATE OF BIRTH* July 26 - 1924 192 (Month) (Day) (Year)

FULL* NAME FATHER Demetrio Poulopoulos

FULL* MAIDEN NAME MOTHER Despa Brigopoulos

I HEREBY CERTIFY that the child described herein has been named

Cresula Poulopoulos
(Given name in full) (Surname)

Demetrio Poulopoulos
(Father's or Mother's Signature)

M. C. J. Sotel
(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.

372-726-422