ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.* 179

(... return should preferably be made ... the person who made the original)

Place of Birth (Registration District) Miami County Gila No. Live Oak Street St.

SEX OF CHILD*	Twin, Triplet or other?	and	Number in order of birth
Female			4

DATE OF BIRTH* FEBRUARY 24, 1925 (Month) (Day) (Year)

FULL NAME — FATHER: Arnulfo Gallegos

FULL* MAIDEN NAME — MOTHER: Hermelinda Canales

I HEREBY CERTIFY that the child described herein has been named

LUPE MODESTA GALLEGOS
(Give name in full) (Surname)

Hermelinda C. Gallegos
(Parent's Signature)

Myrl M. Cronin MD
(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 10-1-48—S.P.Co.

372-224-832 372-2

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