APR 11 1925

File

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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. Ariz St.

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

DATE OF BIRTH* March (Month) 1st (Day) 1925 (Year)

FULL NAME FATHER Jesus Villalobos

FULL MAIDEN NAME MOTHER Bernarda Loya

I HEREBY CERTIFY that the child described herein has been named

Jessie Villalobos (Give name in full) (Surname)

X Bernarda Villalobos (Parent's Signature)

Dr. Adams (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 11-41 A.P.

152-301-231

Dr. Adams is dead so I signed his name

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