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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 (Registration District) Miami County Gila No. ..... St. .....

SEX OF CHILD* Male	Twin, Triplet or other? ( ) and	Number in order of birth
DATE OF BIRTH* May 22 1925 (Month) (Day) (Year)		
FULL* NAME	FATHER Ignacio Espinoza	
FULL* MAIDEN NAME	MOTHER Evangalina Bracamonte	

I HEREBY CERTIFY that the child described herein has been named

FRANCISCO ESPINOZA

(Give name in full) (Surname)

x Melquiades Trujillo

(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.

10-1-48—S.P.Co.

651-522-525

MARGIN RESERVED FOR BI

USE PERMANENT INK

Bla

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