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3 5M 5-1-31

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

County Registrar's No.*

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

SEX OF CHILD*	Twin Triplet or other?	and	Number* in order of birth
Female			1

DATE OF BIRTH* June (Month) 11 (Day) 1925 (Year)

FULL* NAME — FATHER: Eduardo Ornelas

FULL* MAIDEN NAME — MOTHER: Carolina Salcido

*These items to be entered by the local registrar before giving out this form.

I HEREBY CERTIFY that the child described herein has been named

ANTONIA RITA BERTHA (Give name in full) ORNELAS (Surname)

Carolina Salcido de Ornelas (Parent's Signature)

(Signature of Physician or Midwife)

Blank supplemental reports of birth may be obtained from the local registrar.
Local registrars must mail supplemental reports immediately to county registrar. County registrars must mail with original certificate on tenth day of following month.

...al report is to ... beneath the original.

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