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

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

DATE OF BIRTH* July (Month) 5 (Day) 1925 (Year)

FULL NAME	FATHER Enrique Lerma
FULL* MAIDEN NAME	MOTHER Eduwiges Jacquez

I HEREBY CERTIFY that the child described herein has been named

Raul Refugio (Give name in full) Lerma (Surname)

Enrique Lerma (Parent's Signature) father

Eduvijes J. de Lerma (Signature of Physician or Midwife) mother

*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 10-1-43—S.P.Co.

996-705-519

MARGIN RESERVED FOR BINDING

USE PERMANENT INK

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