2-5-74 ① BC 74718 & 74411

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.* 161

Place of Birth Claypool County Gila No. ..... St.
(Registration District)

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

DATE OF BIRTH* Feb. (Month) 13 (Day) 1928 (Year)

FULL* NAME FATHER Margarito Tostado

FULL* MAIDEN NAME MOTHER Lorenza Romo.

I HEREBY CERTIFY that the child described herein has been named

Ma. Juana Tostado
(Give name in full) (Surname)

Lupe L Roma
(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.

® 10M 1-45

436-213-396

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MAR 12 1928
Ans File