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

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

DATE OF BIRTH* July (Month) 20 (Day) - 1928 (Year), 193..

FULL* NAME — FATHER: Alfonso Flores

FULL* MAIDEN NAME — MOTHER: Caratina Parra

I HEREBY CERTIFY that the child described herein has been named

Jose Clemente Flores
(Give name in full) (Surname)

Alfonso Flores
(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.

Form X

169-720-371

MARGIN RE
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AUG 11 1928
Ans. File