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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.* 61

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

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

DATE OF BIRTH* September (Month) 24 (Day), 19 28 (Year)

FULL* NAME — FATHER: Lorenzo Flores

FULL* MAIDEN NAME — MOTHER: Maximiliana Lapizco

I HEREBY CERTIFY that the child described herein has been named

Elvira (Give name in full) Flores (Surname)

Maximiliana Lapizco Flores (Parent's Signature)

Charles B. Hughes (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.

SM 6-1-38

562-92-4436