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# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

## SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.* 76

(This return should preferably be made by the person who made the original)

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

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

DATE OF BIRTH* November 12 (Month) (Day), 1928 (Year)

FULL* NAME — FATHER: Ygnacio Romero, Age 31

FULL* MAIDEN NAME — MOTHER: Elvira Amado Age 21

I HEREBY CERTIFY that the child described herein has been named

Manuel (Give name in full) Romero (Surname)

Elvira Romero (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.

SM 6-1-38

496-112-516

MARGIN RESERVED FOR BINDING

RECEIVED 1928 File