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ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.*.....

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

Place of Birth GLOBE County GILA No. ..... St.
(Registration District)

SEX OF CHILD* MALE	Twin Triplet or other?	and	Number in order of birth
DATE OF BIRTH* DEC 14 1928 (Month) (Day) (Year)			
FULL* NAME POLICARPO CORRAL (FATHER)			
FULL* MAIDEN NAME AMELIA RIVERA (MOTHER)			

I HEREBY CERTIFY that the child described herein has been named

BENITO CORRAL
(Give name in full) (Surname)

Lola S Corral
(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.

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Ans. File