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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 Miami County Gila No. 3206 Loomis Ave. St.
(Registration District)

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

DATE OF BIRTH* February 29, 1929
(Month) (Day) (Year)

FULL* NAME FATHER
Juan Samora

FULL* MAIDEN NAME MOTHER
Gregoria Esparza

I HEREBY CERTIFY that the child described herein has been named

Roman Esparza Samora
(Give name in full) (Surname)

Juan M. Samora
(Parent's Signature)

X Cyril M. Cron M.D.
(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.

5M 6-1-38

921-229-751

Ans. _____ File _____