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ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

State File No. 1646

Place of Birth* Miami (City) Gila (County)

Local Registrar's No.*

SEX OF CHILD*	DATE OF BIRTH*		
Female	June (Month)	18, (Day)	1927 (Year)

FULL* NAME — FATHER: Savino Gonzales

FULL* MAIDEN NAME — MOTHER: Maria Haurigue

I HEREBY CERTIFY that the child described herein has been named

Francisca (First) Gonzales (Last) (Middle)

Mrs. Maria Gonzales (Parent's Signature)

Date June 18 1927 (Month) (Day) (Year)

6-16-51

*These items to be entered by the local registrar before giving out this form.

VS 40 Rev. 4-51

672-618-485

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Ans. File