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ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

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

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

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

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

DATE OF BIRTH* June 28 1927 (Month) (Day) (Year)

FATHER

FULL NAME Carlos Chiquete

MOTHER

FULL* MAIDEN NAME Rosa Alcala

I HEREBY CERTIFY that the child described herein has been named Josephine Alcala Chiquete (Give name in full) (Surname)

Rosa A. Chiquete (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.

10M—4-42—Bower Co.

135-628-911

MARGIN RESERVED FOR BINDING
USE PERMANENT INK

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