ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

his return should preferably be made
the person who made the original).

SUPPLEMENTARY REPORT OF BIRTH Local Registrar's No.* 69

lace of Birth Hayden County Gila No. St.
Registration District)

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

ATE OF BIRTH* Oct (Month) 7th (Day) 1927 (Year)

ULL* AME FATHER Jesus Rodriguez

ULL* AIDEN AME MOTHER Victoria Henry

I HEREBY CERTIFY that the child described herein has been named

Victoria Virginia (Given name in full) Rodriguez (Surname)

Victoria H de Rodriguez
(Father's or Mother's Signature)

Charles B Hunter MD
(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.
Local registrars must mail supplemental reports immediately to state registrar.

PLEASE WRITE PLAIN AND IN INK.

599-1007-588

RECE
NOV 8

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