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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)

Place of Birth Miami (Registration District) County Gila County Registrar's No.* No. St.

SEX OF CHILD* Male | Twin / Triplet / or other? | and | Number in order of birth

DATE OF BIRTH* October 12, 1927 (Month) (Day) (Year)

FULL* NAME — FATHER: Manuel Cano

FULL* MAIDEN NAME — MOTHER: Pietra Pina

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

I HEREBY CERTIFY that the child described herein has been named

ARTHUR GARCIA (Give name in full)

SEE COURT ORDER (Surname)

81 (Parent's Signature)

(Signature of Physician or Midwife)

Blank supplemental reports of birth may be obtained from the local registrar.

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MARGIN RESERVED FOR BINDING
USE PERMANENT INK

NOV 8 1927

Ans. File

171-1012-771