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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 County Gila No. St.
(Registration District)

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

DATE OF BIRTH* Jan 25 - 30
(Month) (Day) (Year)

FULL NAME FATHER Canio Padilla

MAIL* MAIDEN NAME MOTHER Catana Limon

I HEREBY CERTIFY that the child described herein has been named

Rafael Padilla
(Give name in full) (Surname)

Canuto Padilla
(Parent's Signature)

(Signature of Physician or Midwife)

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

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

0M 10-1-43—S.P.Co.

971-125-335

Received
FEB 12 1930
Arizona State Board of Health