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ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

(This retu should preferably be made by the pe n who made the original)

SUPPLEMENTARY REPORT OF BIRTH

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

Place of birth Globe (Registration District) County Gila No. ..... St.

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

DATE OF RTH* February (Month) 23 (Day) 1930 (Year)

FATHER

FULL NAME Pauline Chavez

MOTHER

FULL* MAIDEN NAME Ricarda Valdez

I HEREBY CERTIFY that the child described herein has been named

Maria Conception Chavez
(Give name in full) (Surname)

Ricarda Valdez
(Parent's Signature)

.....
(Signature of Physician or Midwife)

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

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

10M—8-42— wer Co.

439-223-959

Arizona State Board of Health
MAR 12 1930
Received