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ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

...eturn should preferably be made ...e person who made the original)

County Registrar's No.* 703

...e of Birth Miami (Registration District) County Gila No. 710 Live Oak St.

...F CHILD*	Twin Triplet or other?	and	Number in order of birth
...10			

...OF BIRTH* November 25th, 1930 (Month) (Day) (Year)

FATHER

...E Ascension Andasola

MOTHER

...DEN ...E Mercedes Ortega

I HEREBY CERTIFY that the child described herein has been named

MANUEL (Give name in full) ANDASOLA (Surname)

Mercedes O. Andasola (Parent's Signature)

Dr. C. F. Perkins (Signature of Physician or Midwife)

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

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

...3-42—Bower Co.

411-1125-461

Arizona State Board of Health

Received

MARGIN RESERV USE PERM

7511 11-23-92