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ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

(This return should preferably be made by the person who made the original)

SUPPLEMENTARY REPORT OF BIRTH

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

Place of Birth Miami (Registration District) County Gila No. ..... St.

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

DATE OF BIRTH* April 6, 1932 (Month) (Day) (Year)

FULL* NAME FATHER George Arvisa

FULL* MAIDEN NAME MOTHER Theophila Turey

*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

LEONOR ALLEN
(Give name in full) (Surname)

SEE COURT ORDER
(Parent's Signature)

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(Signature of Physician or Midwife)

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

10M 12-46

315-406-338

MARGIN RESERVED FOR BINDING

USE PERMANENT INK