BIRTH

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...nly to the individual, but
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...irresponsibility of children
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...cement of law relating to

...the relations of guardians

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.* 114

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* JULY 26, 1933 (Month) (Day) (Year)

FULL NAME — FATHER: GORGONIS ORTZ

FULL* MAIDEN NAME — MOTHER: JUANA CONTRERAS

I HEREBY CERTIFY that the child described herein has been named

ANITA ELVIRA CONTRERAS

(Give name in full) (Surname)

Juana Contreras

(Parent's Signature)

Nelson D. Bradford

(Signature of Physician or Midwife)

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

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

10M 10-1-43—S.P.Co.

132-726-132

...s goods should be ...

...c11—7117