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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 Globe Gila County (Registration District) Gila No. 1050 So. 3rd St.

SEX OF CHILD*	Twin triplet or other?	and	Number in order of birth
Male			

DATE OF BIRTH* August 10 1933 (Month) (Day) (Year)

FULL NAME (FATHER) Jesus Garcia Bracamonte

FULL MAIDEN NAME (MOTHER) Ruth Ruiz Guerena

I HEREBY CERTIFY that the child described herein has been named

Helen Josefina Bracamonte (Give name in full) (Surname)

Ruby H. Bracamonte (Parent's Signature)

T.C. Harper M.D. (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.

③ KM 1-45

MARGIN RESERVED FOR BINDING

USE PERMANENT INK

Helen Bracamonte

525-810-971