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USE PERMANENT INK

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.* 110

Place of Birth Globe (Registration District) County Gila No. Ruiz Tott & Cayon St.

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

DATE OF BIRTH* Oct. Nov. 13 19[illegible] (Month) (Day) (Year)

FULL* NAME Rafael FATHER Salcido

FULL* MAIDEN NAME Lupe Gutierrez MOTHER Lutrus

I HEREBY CERTIFY that the child described herein has been named

Mary ~~Louise~~ Luise Salcido (Give name in full) (Surname)

Lupe Salcido (Parent's Signature)

Dr. C. Hunter (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.

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426-113-332