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MARGIN RESERVED FOR BINDING

This supplemental report is to be pasted beneath the original.

3 5M 8-16-35

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

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

## SUPPLEMENTARY REPORT OF BIRTH

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

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

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

DATE OF BIRTH* June 29 (Month) (Day) 1934 (Year)

FULL* NAME Bernardo FATHER Tescas

FULL* MAIDEN NAME Suzana MOTHER Apodaca

I HEREBY CERTIFY that the child described herein has been named

Maria Petra Tescas
(Give name in full) (Surname)

Suzana Apodaca
(Parent's Signature)

.....
(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.

Form X

739-629-911