963

MARGIN RESERVED FOR BINDING

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.*

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

SEX OF CHILD* Female | Twin Triplet or other? | and | Number in order of birth 3

DATE OF BIRTH* April 11 1920 (Month) (Day) (Year)

FULL* NAME Felix Soto FATHER

FULL* MAIDEN NAME Josefa Rodriguez MOTHER

I HEREBY CERTIFY that the child described herein has been named

GUADALUPE RODRIGUEZ SOTO

(Give name in full) (Surname)

Josepha Rodriguez (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.

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